

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117376

Entity Name  
MASTER TRADING, USA, CORP

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90094 036 \*\*\*158.75

0006200 AT

Principal Place of Business  
15476 NW 77 CT. #400  
MIAMI LAKES FL 33016

Mailing Address  
15476 NW 77 CT. #400  
MIAMI LAKES FL 33016



1. Principal Place of Business  
15476 NW 77 CT

3. Mailing Address

Suite, Apt. #, etc.  
#400

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

4. FEI Number  
65-0928413

Applied For  
Not Applicable

Zip  
33016

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, OSWALDO  
13900 LAKES CT  
MIAMI LAKES FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HERNANDEZ, OSWALDO  
13900 LAKES CT  
MIAMI LAKES FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HERNANDEZ, ODERAYMI  
13900 LAKES CT  
MIAMI LAKES FL 33014 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/02 (305) 725-1208

Date

Daytime Phone #

CR2E034 (9/01)