

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90384 044 ***150.00

DOCUMENT # P01000120803

1. Entity Name
BAYCO TRADING, INC.



Principal Place of Business
**85 GRAND CANAL DRIVE
SUITE 306
MIAMI, FL 33144**

Mailing Address
**85 GRAND CANAL DRIVE
SUITE 306
MIAMI, FL 33144**

2. Principal Place of Business
10120 SW 77 Ct.

3. Mailing Address
10120 SW 77 Ct.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33156 Country
U.S.A.

Zip
33156 Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
38-3642376

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

6. Name and Address of Current Registered Agent
**AMADOR PUCHE, ANTONIO C
2960 S.W. 17TH STREET
MIAMI, FL 33146**

7. Name and Address of New Registered Agent
Name
AMADOR PUCHE, ANTONIO C.
Street Address (P.O. Box Number is Not Acceptable)
10120 SW 77 Ct.
City
MIAMI State
FL Zip Code
33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **04/17/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent must be qualified under minimums.)

9. Election Campaign Financing **\$5.00** May Be Added to Fees ☐

10. OFFICERS AND DIRECTORS		
TITLE	PST	☐ Delete
NAME	AMADOR PUCHE, ANTONIO C	
STREET ADDRESS	85 GRAND CANAL DRIVE - SUITE 306	
CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE	V	☐ Delete
NAME	AMADOR POMBO, FRANCISCO	
STREET ADDRESS	85 GRAND CANAL DRIVE - SUITE 306	
CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE	D	☐ Delete
NAME	AMADOR PUCHE, FRANCISCO J	
STREET ADDRESS	85 GRAND CANAL DRIVE - SUITE 306	
CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE	C	☐ Delete
NAME	AMADOR PUCHE, MARTA L	
STREET ADDRESS	85 GRAND CANAL DRIVE - SUITE 306	
CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☒ Change ☐ Addition
NAME	AMADOR PUCHE, ANTONIO C.	
STREET ADDRESS	10120 SW 77 Ct.	
CITY-STATE-ZIP	MIAMI, FL 33156	
TITLE	V	☒ Change ☐ Addition
NAME	AMADOR POMBO, FRANCISCO	
STREET ADDRESS	10120 SW 77 Ct.	
CITY-STATE-ZIP	MIAMI, FL 33156	
TITLE	D	☒ Change ☐ Addition
NAME	AMADOR PUCHE, FRANCISCO J.	
STREET ADDRESS	10120 SW 77 Ct.	
CITY-STATE-ZIP	MIAMI, FL 33156	
TITLE	C	☒ Change ☐ Addition
NAME	AMADOR PUCHE, MARTA L.	
STREET ADDRESS	10120 SW 77 Ct.	
CITY-STATE-ZIP	MIAMI, FL 33156	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04/17/03** (305) 270-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (10/02)