

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90180 017 ***150.00

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DOCUMENT # P02000000711

1. Entity Name
ANGELA SUAREZ TRADING, INC.



Principal Place of Business
19390 COLLINS AVE #1021
SUNNY ISLES BEACH FL 33160

Mailing Address
19390 COLLINS AVE #1021
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

16950 W DIXIE Hwy

16950 W DIXIE Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

241

241

City & State

City & State

N Miami Bch FL

N Miami Bch FL

Zip

Country

Zip

Country

33160

33160

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

26-0000974

Not Applicable

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

ARIE MREJEN, P.A.
701 W CYPRESS CREEK RD SUITE 302
FORT LAUDERDALE FL 33309

Name

ANGELA SUAREZ

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

16950 W DIXIE Hwy STE 241

City

N Miami Bch

FL

Zip Code

33160

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 ANGELA SUAREZ

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

(NOTE: Registered Agent signature required when reinstating)

Pres.

April 22, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SUAREZ, ANGELA
STREET ADDRESS 19390 COLLINS AVE #1021
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

☐ Delete

TITLE P/S/D
NAME
STREET ADDRESS 16950 W DIXIE Hwy STE 241
CITY-ST-ZIP N. Miami Bch FL 33160

☒ Change ☒ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: ANGELA SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

April 22, 2003

Date

Daytime Phone #

(305) 944-0392

CR2E034 (10/02)