FILED
May 05, 2003 8:00 am
Secretary of State
03-03-2003 90425 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P02000008167

1. Entity Name
BUSINESS TRADER, INC.

Principal Place of Business
7913 NW 64TH STREET
MIAMI FL 33166

Mailing Address
7913 NW 64TH STREET
MIAMI FL 33166

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 7911 NW 64 st.
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33166 Country: USA

3. Mailing Address: 791 NW 64 st
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33166 Country: USA

4. FEI Number: 02-0550377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VERGEL, JOSE
7913 NW 64TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name: VERGEL JOSE
Street Address (P.O. Box Number is Not Acceptable): 7911 NW 64 th Street
City: Miami FL Zip Code: 33166

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	DP	☐ Delete
NAME	PRENT, JESUS A	
STREET ADDRESS	10834 SW 88 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DST	☐ Delete
NAME	BARRANCO, RINA M	
STREET ADDRESS	8290 LAKE DRIVE #338	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED 01/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #