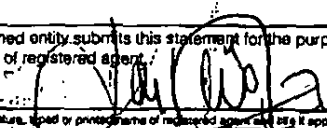


FILED
May 05, 2003 8:00 am
Secretary of State

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	
2. Principal Place of Business 7911 NW 64th St. Suite, Apt. #, etc.		3. Mailing Address 7911 NW 64th St. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FBI 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 64th 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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$190.00 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 DP ☐ Delete NAME PRENT, JESUS A STREET ADDRESS 10834 SW 88 STREET CITY- ST- ZIP MIAMI FL 33176		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE DST ☐ Delete NAME BARRANCO, RINA M STREET ADDRESS 8290 LAKE DRIVE #338 CITY- ST- ZIP MIAMI FL 33166		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY- ST- ZIP ☐ Change ☐ Addition		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition 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:  SIGNATURE REQUIRED		01/16/03 Daytime Phone # _____	