

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

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

04-28-2003 91518 033 ***150.00

DOCUMENT #	P02000022318
1. Entity Name	R. V. Trade, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9745 Miller Drive		Suite, Apt. #, etc.	
City & State		City & State	
Miami, Florida			
Zip	Country	Zip	Country
33165			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	-Name Carlos Macedo	
	Street Address (P.O. Box Number is Not Acceptable) 9745 Miller Drive	
	City Miami	Zip Code FL 33165

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  **Carlos Macedo** **3/27/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pablo Ruben Rubio 815 V. Sarmiento Buenos Aires, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gustavo Andres Vilches Av. Gaspar Campos 1453 B. Vista Buenos Aires, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gustavo Amilcar Vilchez
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruben Jose Antonio Rubio Palmar 7006 Buenos Aires, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/27/2003** **(305) 412-0829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**