

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90030 008 ***150.00

DOCUMENT # P02000034901

1. Entity Name
DAQTRADING CORP.



Principal Place of Business
**1300 CORAL WAY
SUITE 310
MIAMI FL 33145**

Mailing Address
**1300 CORAL WAY
SUITE 310
MIAMI FL 33145**



2. Principal Place of Business

3. Mailing Address

1300 CORAL WAY

1300 CORAL WAY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

310

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

Country

Country

33145 U.S.A

33145 U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0583177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **JORGE CARBALLEIRA**

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

1300 CORAL WAY SUITE 310

City **MIAMI**

FL

Zip Code

33145

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JORGE CARBALLEIRA

1.7.03

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME **PD**
STREET ADDRESS **CARBALLEIRA, JORGE**
CITY-ST-ZIP **1420 SW 13 AVE.
MIAMI FL 33145**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JORGE CARBALLEIRA

Date

1.7.03

Daytime Phone #

305.860.3200

CR2E034 (10/02)