

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

DOCUMENT # **P 020000 40531**

1. Entity Name

**PURPLE TRADING CORP.**



**90130903**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5333 COLLINS AVE**

Suite, apt. #, etc.

**SUITE 105**

City & State

**MIAMI BEACH FLA**

3. Mailed Address

*new address*

Suite, Apt. #, etc.

City & State

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**33-1001292**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

No. **33140**

County **MI-DADE**

No.

Country

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**ARIEL ZAYAS** ← *change*

Street Address (P.O. Box number is not acceptable)

**625 75th Street #3**

City

**MIAMI BEACH**

FL

**33141**

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.

ORIGNAL NAME

Signature (Print if typed name or initials) (Typed name only if applicable)

Date (Typed name only if applicable) (Printed name if applicable)

DATE

**4/25/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

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: **FABIAN AVICHELLI P.D**  
 NAME: **FABIAN AVICHELLI**  
 STREET ADDRESS: **5333 COLLINS AVE # 105**  
 CITY-STATE-ZIP: **MIAMI BEACH FL 33140**

TITLE: **MARINA A. de AVICHELLI P.D**  
 NAME: **MARINA A. de AVICHELLI**  
 STREET ADDRESS: **5333 COLLINS AVENUE #105**  
 CITY-STATE-ZIP: **MIAMI BEACH FL 33140**

TITLE:   
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 STREET ADDRESS:   
 CITY-STATE-ZIP:   
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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)(a), Florida Statutes. I further certify that the information indicated in this report or supplemental report is true and I state 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 my address, with all other like employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03**

**867-2641**

Date

Telephone Number

CR201548 (10/02)