

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

05-05-2003 91839 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P02000041086</u> ✓			
1. Entity Name <u>Alma Trade & Communication, Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>6580 Santana St.</u>		3. Mailing Address <u>6580 Santana St</u>	
Suite, Apt. #, etc. <u>Suite : A33</u>		Suite, Apt. #, etc. <u>Suite A33</u>	
City & State <u>Coral Gables FL 33146</u>		City & State <u>Coral Gables FL</u>	
Zip <u>33146</u>		Country <u>U.S.A</u>	
4. FEI Number <u>04-3659372</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>Alberto J. Tamayo</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2899 Collins Avenue</u>			
Apt. 1438			
City <u>Miami</u>			
FL Zip Code <u>33140</u>			
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 re-attaching)			
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 Trust/Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<u>President Director</u> <u>Chin Chin Lee</u> <u>6580 Santana St. Suite A33</u> <u>Coral Gables FL 33146</u>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<u>Treasurer</u> <u>Alberto J. Tamayo</u> <u>2899 Collins Ave. Apt 1438</u> <u>Miami FL 33140</u>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - 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)(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: <u>General Director, Albert Tamayo</u> <u>4-29-03</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

CR2E034B (12/02)

786-886-9713