

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90135 025 ***158.75

DOCUMENT # P02000090487

1. Entity Name

FLORIDA HOME TRADER, INC.



Principal Place of Business
5739 NW 159TH STREET
MIAMI LAKES FL 33014

Mailing Address
5739 NW 159TH STREET
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

43-1973390

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARRERO, HIRAM
5739 NW 159TH STREET
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Angel Garrote

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

5739 NW 159 Street

City

Miami Lakes

FL

Zip Code

33014

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

Angel Garrote President

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME MARRERO, HIRAM
STREET ADDRESS 5739 NW 159TH STREET
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Delete

TITLE SD
NAME GARROTE, ANGEL
STREET ADDRESS 5739 NW 159TH STREET
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Angel Garrote
STREET ADDRESS 5739 NW 159 St
CITY-ST-ZIP Miami Lakes FL 33014 ☐ Change ☒ Addition

TITLE Vice President
NAME Alexandra Garrote
STREET ADDRESS 5739 NW 159 St
CITY-ST-ZIP Miami Lakes FL 33014 ☐ Change ☒ Addition

TITLE Treasurer
NAME Angel Garrote
STREET ADDRESS 5739 NW 159 St
CITY-ST-ZIP Miami Lakes FL 33014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Angel Garrote

4-30-03

305-826-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0148072 AV

CR2E034 (10/02)