

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077540 (1)

1. Corporation Name

UCZ TRADING CORPORATION

Principal Place of Business

9500 N.W. 77TH AVENUE
MIAMI FL 33016

Mailing Address

9500 N.W. 77TH AVENUE
MIAMI FL 33016

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZAMORA, URBANO
9500 N.W. 77TH AVENUE
MIAMI FL 33016

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0447533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (type or printed name of registered agent and the corporation)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ZAMORA, URBANO
STREET ADDRESS 9500 N.W. 77TH AVE.
CITY-STATE-ZIP MIAMI FL 33016

TITLE ☐ DELETE

NAME D
SEREIX, LUIS
STREET ADDRESS 9500 N.W. 77TH AVE.
CITY-STATE-ZIP MIAMI FL 33016

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. ☐ Change ☐ Addition

1.2. NAME

1.3. STREET ADDRESS

1.4. CITY-STATE-ZIP

2.1. ☐ Change ☐ Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-STATE-ZIP

3.1. ☐ Change ☐ Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-STATE-ZIP

4.1. ☐ Change ☐ Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-STATE-ZIP

5.1. ☐ Change ☐ Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-STATE-ZIP

6.1. ☐ Change ☐ Addition

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (305) 822-5781

Date

Signature Print Name

CR2E034 (12/95)