

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P94000010983

1. Entity Name

ELECTROMECHANICAL TRADE CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

03-14-2000 90042 027 ***150.00

Principal Place of Business

15400 SOUTHWEST 108 AVENUE
MIAMI FL 33157

Mailing Address

15400 SOUTHWEST 108 AVENUE
MIAMI FL 33157-1317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0466378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Maria Teresa Castro

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

15400 SW 108 AVE

MIAMI

City

20 FL

Zip Code 33157

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.

SIGNATURE

Signature of principal or president of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-9-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTRO, MARIA T
STREET ADDRESS 15400 SOUTHWEST 108TH AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE SD
NAME MURILLO, CARMEN
STREET ADDRESS 15400 SW 108TH AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE TD
NAME CASTRO, MARIA T
STREET ADDRESS 15400 SOUTHWEST 108 AVENUE
CITY-ST-ZIP MIAMI FL 33157 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

Daytime Phone #

CR2E034 (9/99)