

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012633

1. Entity Name

**NOTH PACIFIC TRADING, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 20 PM 12:27

Principal Place of Business Mailing Address  
8284 NW 66th Street 8284 NW 66th Street  
Miami, FL 33166 Miami, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00-01

6. Name and Address of Current Registered Agent

Aguirre, Alfredo  
8284 NW 66th Street  
Miami, FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME P/S/D Aguirre, Alfredo  
STREET ADDRESS 8284 NW 66th Street  
CITY-ST-ZIP Miami, FL 33166

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004467467--2  
-07/10/01--01027--023  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004467467--2  
-07/10/01--01027--024  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004467467--2  
-07/10/01--01027--025  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfredo Aguirre

President

June 10, 2001

(305) 591-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SP