

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91048 018 \*\*\*150.00

**DOCUMENT # P94000064275**

1. Entity Name  
**C R TRADING, INC.**



Principal Place of Business  
**2750 NORTHWEST 3RD AVENUE  
#22  
MIAMI FL 33127**

Mailing Address  
**2750 NORTHWEST 3RD AVENUE  
#22  
MIAMI FL 33127**



2. Principal Place of Business  
**2750 NW 3rd Ave.**  
Suite, Apt. #, etc.  
**#22**  
City & State  
**Miami Fla.**

3. Mailing Address  
**2750 NW 3rd Ave**  
Suite, Apt. #, etc.  
**#22**  
City & State  
**Miami Fla.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0516305**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl Readon*  
(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 | NAME         | STREET ADDRESS            | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|--------------|---------------------------|-----------------|---------------------------------|
| P     | READON, CARL | 2750 NORTHWEST 3RD AVENUE | MIAMI FL 33127  |                                 |
|       |              |                           |                 | <input type="checkbox"/> Delete |
|       |              |                           |                 | <input type="checkbox"/> Delete |
|       |              |                           |                 | <input type="checkbox"/> Delete |
|       |              |                           |                 | <input type="checkbox"/> Delete |
|       |              |                           |                 | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |                 | <input type="checkbox"/> Change | <input type="checkbox"/> 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: *Carl Readon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/03** **3055769907**  
Date Daytime Phone #

CR2E034 (10/02)