

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073681

1. Entity Name

USA TRADING NETWORK, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90176 032 ***150.00

Principal Place of Business

8500 NW 72 ST
MIAMI FL 33166
US

Mailing Address

9737 NW 41 ST
SUITE 196
MIAMI FL 33178-2924
US

2. Principal Place of Business

2101 N.W. 84 Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0528675

Applied For

Not Applicable

Zip

Country

33122

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, ALEXANDER
9735 NW 52ND ST
#196
MIAMI FL 33178

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
MORENO, ALEXANDER
9737 NW 41 ST #196
MIAMI FL 37170

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. DPST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MORENO, Alexander
9737 NW 41 ST. #196
MIAMI, FL 33178

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

305-592-0342

Daytime Phone #

CR2E034 (9/99)