2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90281 028 ***150.00

DOCUMENT # P94000073681

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[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
USA TRADING NETWORK, INC.

Principal Place of Business	Mailing Address
2101 NW 84th AVENUE Miami, FL 33122-1516	2101 NW 84 AVENUE Miami FL 33122-1516

2. Principal Place of Business	3. Mailing Address
2101 NW 84th AVENUE	2101 NW 84th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33122-1516 Country: USA	Zip: 33122-1516 Country: USA

4. FEI Number: 65-0528675 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXANDER MORENO 2101 NW 84th AVENUE Miami, Florida 33122-1516	Name: ALEXANDER MORENO Street Address (P.O. Box Number is Not Acceptable): 2101 NW 84th AVENUE City: Miami FL Zip Code: 33122-1516

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: X Alex Moreno 5/1/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: The registered agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/S/T ALEXANDER MORENO 2101 NW 84th AVENUE Miami Florida 33122-1516 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/S/T ALEXANDER MORENO 2101 NW 84th AVENUE Miami, Florida 33122-1516 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Alex Moreno President 5/1/01 (305) 592-0342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #