

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90173 039 ***158.75

DOCUMENT # P95000009529

1. Entity Name
M G M TRADING INC.



Principal Place of Business
2137 NW 79TH AVE
MIAMI FL 33122
US

Mailing Address
2121 PONCE DE LEON
SUITE 240
MIAMI FL 33134
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0552337**

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

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
STE #240
CORAL GABLES FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☐ Delete
NAME **MONTEIRO, ANTONIO E.B.**
STREET ADDRESS **11234 NW 59TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **DPTS** ☒ Change ☐ Addition
NAME **MONTEIRO, ANTONIO E.B.**
STREET ADDRESS **7301 SW 162 STREET**
CITY-ST-ZIP **MIAMI - FL 33157**

TITLE **VP** ☐ Delete
NAME **COSTA, ROMANO**
STREET ADDRESS **12200 VISTA LANE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VP** ☒ Change ☐ Addition
NAME **ROMANO COSTA**
STREET ADDRESS **12455 BERNAL STREET**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03

Date

(305) 7170967

Daytime Phone #

CR2E034 (10/02)