## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am § P95000020601 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90081 026 \*\*\*150.00 PLANIEX TRADING, CORP. Principal Place of Business Mailing Address 780 N. W. 42ND AVENUE 780 N.W. 42ND AVENUE. <del># 617</del> MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 782 NW 42ND AVENUE 782 NW 42ND AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #430 #430 City & State City & State 4. FEI Number Applied For MIAMI FLORIDA MIAMI FLORIDA, 65-0573277 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33126 USA 33126 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICCINA, HAROLDO S Street Address (P.O. Box Number is Not Acceptable) 782 NW 42ND AVENUE. 780-NW 42ND AVENUE # 017-**MIAMI-FL 33126** #430 ₹33£26° CHYAMI. 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) ☐ Addition TITLE PTSV ☐ Delete TITLE Change NAME PICCINA, HAROLDO S NAME 782 NW 42ND AVENUE #430 STREET ADDRESS STREET ADORESS -760 N. W. 42ND AVENUE # 617/ MIAMI FL, 33126 MIAMI FL 33126-CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ار NAME NAME STREET ADDRESS STREET ADDRESS €ITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

**FILED**