

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000071024

1. Entity Name

JTyle Trade Corporation



FILED
04 OCT 27 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

169 E Flagler St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1543

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

Zip

Country

4. FEI Number

0649085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Machta, Elias

Street Address (P.O. Box Number is Not Acceptable)

169 E Flagler Street

Suite 1543

City Miami, FL

FL

Zip Code 33131

**DO NOT WRITE
IN THIS SPACE**

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]

400042711814

11/15/04--01008--006 **150.00

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	Machta, Elias
STREET ADDRESS	169 E Flagler St. #1543
CITY-STATE-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

(NOTE: Registered Agent signature required when re-registering)

DATE

Florida Form 8

CR200346 (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **STYLE TRADE, CORP.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'E. Machta', written over a horizontal line.

ELIAS MACHTA
PRESIDENT