

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91317 020 ***150.00

0156568

DOCUMENT # P95000090664

1. Entity Name

DAMAR TRADING INC.

Principal Place of Business

**1107 PONCE DE LEON
CORAL GABLES FL 33134**

Mailing Address

**2962 SW 25 TERR.
MIAMI FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1107 PONCE DE LEON Blvd

Coral Gables, FL

33134

U.S.A.

4. FEI Number **65-0671996**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEDINA, DANIA
1 BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

MEDINA, DANIA

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

ONE Southeast Third AVENUE

28th Floor

City

MIAMI

FL

Zip Code

33131

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, 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

TITLE **P** ☐ Delete
NAME **MEDINA, DANIA**
STREET ADDRESS **1 BISCAYNE TOWER, SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **V** ☒ Delete
NAME **MEDINA, ROBERT**
STREET ADDRESS **2962 S.W. 25TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S** ☐ Delete
NAME **GARCIA, FELICIA**
STREET ADDRESS **1107 PONCE DE LEON**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **DANIA MEDINA**
STREET ADDRESS **AKERMAN CENTER #11**
CITY-ST-ZIP **ONE Southeast Third AVE, 28th Floor**
MIAMI, Florida 33131

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **(305) 374-5600**
Date Daytime Phone #

CR2E034 (10/00)