

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092522

1. Entity Name

GLM TRADING OF MIAMI, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90069 029 ***150.00

Principal Place of Business

10530 NW 26 STREET STE. F202
MIAMI FL 33172
US

Mailing Address

10530 NW 26 STREET STE. F202
MIAMI FL 33172-2174
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0629132

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

CARLOS PAREJA

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

10530 NW 26 STREET SUITE F202
SUITE F202

City

MIAMI

FL

Zip Code
33172

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 reinstalling)

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, 2000 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 | P/D | <input type="checkbox"/> Delete |
| NAME | PAREJA, CARLOS | |
| STREET ADDRESS | 6065 NW 167TH ST. - UNIT B15 | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | VP/D | <input type="checkbox"/> Delete |
| NAME | LOPEZ, GLADYS | |
| STREET ADDRESS | 6065 NW 167TH ST. - UNIT B15 | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAREJA, CARLOS | |
| STREET ADDRESS | 10530 NW 26 STREET SUITE F202 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VP/D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, GLADYS | |
| STREET ADDRESS | 10530 NW 26 STREET SUITE F202 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)