

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033455

1. Entity Name

RBV TRADING, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

04-07-2000 90040 028 ***150.00

Principal Place of Business 1221 BRICKELL AVENUE 9TH FLOOR MIAMI FL 33131	Mailing Address 1221 BRICKELL AVENUE 9TH FLOOR MIAMI FL 33131-3224
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875397	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, RAFAEL BOTERO 1221 BRICKELL AVENUE, 9TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date April 3/00	Daytime Phone # 305-815-2802
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DOC #P96000033455

308611

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-0875397**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

RBV TRADING, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

1221 Brickell Avenue, 9th Floor

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Miami, Florida 33131

5b City, state, and ZIP code

6 County and state where principal business is located

Miami-Dade County

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►

Rafael Botero ssn 589-79-5325

8a Type of entity (Check only one box.) (See instructions.)

☐ Estate (SSN of decedent)☐ Plan administrator-SSN☐ Other corporation (specify) ►**Profit**☐ Trust☐ Farmers' cooperative☐ Federal Government/military☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ► (enter GEN if applicable)☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.)

☐ Banking purpose (specify) ►☐ Changed type of organization (specify) ►☐ Purchased going business☐ Created a trust (specify) ►☐ Other (specify) ►☒ Started new business (specify) ►☐ Hired employees☐ Created a pension plan (specify type) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)

4-16-96

11 Closing month of accounting year (See instructions.)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

11-98

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

4

14 Principal activity (See instructions.) ►

consumer products, electronics, houseware equipment

15 Is the principal business activity manufacturing?

☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Business (wholesale)☐ Public (retail)☐ Other (specify) ►☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

305 377-8755

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ►

Elsie Sanchez, TreasurerSignature ►  Date ► **11-12-98**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment

#P96000033455

308611

April 10, 2000

RBV TRADING, INC.
1221 BRICKELL AVENUE
9TH FLOOR
MIAMI, FL 33131

Subject: **RBV TRADING, INC.**

Reference Number: **P96000033455**

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report application (or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SP

ANNUAL REPORTS SECTION

I B I S

GROUP L.L.C.

Attachment
D # P96000033455
308611

July 14, 2000

Florida Department Of State
Division Of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Fl 32302-1500

Subject: **RBV TRADING, INC.**

Reference Number: **P96000033455**

Enclosed find our FEI number included in the annual report/uniform business report application and also attach it is a photocopy of the FEI.
I am sending this now because I was out of the country, and I haven seen until this week.
Thanks for your understanding.

Best regards,


RBV TRADING, INC.
Rafael Botero