

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90190 015 \*\*\*158.75

CR2E034 (9/01)

**DOCUMENT # P96000046135**

1. Entity Name  
**W.K. TRADING & CARGO, INC.**

Principal Place of Business <b>3541 NW 82 AVE MIAMI FL 33122</b>	Mailing Address <b>8201 NW 66TH STREET SUITE 4 MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4055 NW 79 AVENUE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI, FL</b>	City & State
Zip <b>33166</b>	Country <b>US</b>

4. FEI Number <b>65-0668887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAVIGNE, WALTER H 3541 NW 82ND AVE MIAMI FL 33122</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4055 NW 79 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33166</b>	
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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 **LAVIGNE, WALTER H.** DATE **04/30/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD LAVIGNE, WALTER H 3541 NW 82ND AVE MIAMI FL 33122</b>	<input type="checkbox"/> Delete <b>NEW ADDRESS</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4055 NW 79 AVENUE MIAMI, FL 33166</b>	<input checked="" 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: **LAVIGNE, WALTER H.** DATE **4/30/2002** DAYTIME PHONE # **305-716-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR