

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073597

1. Entity Name
AYW TRADING, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90166 014 ***150.00

022139

Principal Place of Business
12924 S.W. 112 COURT
MIAMI FL 33176

Mailing Address
12924 S.W. 112 COURT
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0692710

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

ESPIN, MARLENE
12924 SW 112 CT
MIAMI FL 33176

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPS	<input type="checkbox"/> Delete
NAME	LOPEZ, XIOMARA	
STREET ADDRESS	2307 DOUGLAS RD STE 400	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, ELSA	
STREET ADDRESS	2307 DOUGLAS RD STE 400	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, XIOMARA	
STREET ADDRESS	2307 DOUGLAS ROAD, SUITE 400	
CITY-ST-ZIP	MIAMI FL 33145	
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	PVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, XIOMARA	
STREET ADDRESS	12924 SW 112 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ELSA	
STREET ADDRESS	12924 SW 112 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, XIOMARA	
STREET ADDRESS	12924 SW 112 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
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: *Xiomara Lopez B*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.2.01 (305) 259-6901
Date Daytime Phone #

CR2E034 (10/00)