

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082557

1. Entity Name  
**VERTEX TRADING CORPORATION**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
03-15-2001 90027 003 \*\*\*150.00

Principal Place of Business  
**15200 S W 81ST AVENUE**  
**MIAMI FL 33157**  
**US**

Mailing Address  
**15200 S W 81ST AVENUE**  
**MIAMI FL 33157**  
**US**

2. Principal Place of Business  
**9805 N.W. 52 st**  
Suite, Apt. #, etc.  
**213**

3. Mailing Address  
**9805 N.W. 52 st**  
Suite, Apt. #, etc.  
**Apt 213**

City & State  
**Miami, FL.**

City & State  
**Miami, FL.**

Zip  
**33178** Country  
**US**

Zip  
**33178** Country  
**US**

4. FEI Number **65-0698688** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GUARDIA, MARIA H**  
**15200 S W 81ST AVENUE**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
Name **CARLOS A. HOFFMAN JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9805 N.W. 52 st # 213**  
City **Miami** FL Zip Code **33178**

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 **Carlos A. Hoffman Jr** **CORREDO** **02/14/01**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>HOFFMAN, CARLOS A JR<br><del>15200 SW 82 AVE</del> <b>9805 N.W. 52 st</b><br><b># 213</b><br>MIAMI FL       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GUARDIA, MARIA H<br>15200 S W 81ST AVENUE<br>MIAMI FL 33157   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOFFMAN, JUAN D<br><del>15200 S W 81ST AVENUE</del> <b>9805 N.W. 52 st</b><br><b># 213</b><br>MIAMI FL 33157 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: **CORREDO** **(305) 471-7773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)