

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90126 010 ***150.00

DOCUMENT # **P960000082557**

1. Entity Name

VERTEX TRADING Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9805 NW 52nd st
Suite, Apt. #, etc.
213

3. Mailing Address

9805 NW 52nd st
Suite, Apt. #, etc.
213

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

Miami, FL.

4. FEI Number

65-0698688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip **33178**

Country

USA.

Zip

33178

Country

USA.

7. Name and Address of Current Registered Agent

Name

Carlos A. Hoffman Jr.

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

9805 NW 52nd st # 213.

City

Miami

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

4/25/2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
Hoffman, Carlos A Jr
9805 NW 52nd st # 213
Miami, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Guardia, MARIA H
9805 NW 52nd st # 213
Miami, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Hoffman, Juan D
9805 NW 52nd st # 213
Miami, FL 33178**

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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)(f), 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 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 #

[Signature]

4/25/2002

305-471-7773

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**