

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086734

1. Entity Name

EXPERT TRADING COMPANY

Principal Place of Business

2149 N W 79 AVENUE  
MIAMI FL 33122  
US

Mailing Address

2121 PONCE DE LEON BLVD  
SUITE 2405  
CORAL GABLES FL 33134-5224  
US

2. Principal Place of Business

3411 Indian Creek

3. Mailing Address

Suite, Apt. #, etc.

Suite 902

City & State

Miami, FL

Zip

33140

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0722889

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD 240  
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

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SIMONEK, DANIEL J	2149 N W 79 AVENUE	MIAMI FL 33122	<input type="checkbox"/>
		3411 Indian Creek,	Miami, FL 33140	
DVPT	GOLLING, PETRA M	2149 N W 79 AVENUE	MIAMI FL 33122	<input type="checkbox"/>
		3411 Indian Creek	Miami, FL 33122	
S	GOLLING, PETRA M	2149 N W 79 AVENUE	MIAMI FL 33122	<input type="checkbox"/>
		3411 Indian Creek	Miami, FL 33122	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SIMONEK

4/26/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)