

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90028 036 \*\*\*150.00

**DOCUMENT # P97000023142**

1. Entity Name  
**T.V. TRADING, INC.**

Principal Place of Business  
**8227 N.W. 68TH STREET**  
**MIAMI FL 33166**  
**US**

Mailing Address  
**8227 N.W. 68TH STREET**  
**MIAMI FL 33166**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0740711**

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

**LEIDA ARCILA**  
**14321 SW 88 ST**  
**F 409**  
**MIAMI FL 33186**

Name **Leida Arcila**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~14321 SW 88 ST~~ **16233 SW 96 TER.**  
 City **Miami** **FL** Zip Code **33196**

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 \_\_\_\_\_ (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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORAN, TOMAS</b>	
STREET ADDRESS	<b>14321 SW 88 ST # 409</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ARCILA, LEIDA</b>	
STREET ADDRESS	<b>14415 S.W. 88TH STREET, SUITE 208</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARCILA, LEIDA</b>	
STREET ADDRESS	<b>14321 SW 88 ST # 409</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tomas Moran</b>	
STREET ADDRESS	<b>8227 NW 68 St.</b>	
CITY-ST-ZIP	<b>Miami FL 33166</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leida Arcila</b>	
STREET ADDRESS	<b>8227 NW 68 St.</b>	
CITY-ST-ZIP	<b>Miami FL 33166</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leida Arcila</b>	
STREET ADDRESS	<b>8227 NW 68 St</b>	
CITY-ST-ZIP	<b>Miami FL 33166</b>	
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:** *Leida Arcila (for president)* **Leida Arcila** 02-04-02 (305-463-9525)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)