

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025086

1. Entity Name

PEAN TRADING CORP.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90018 043 ***150.00

Principal Place of Business

Mailing Address

~~141 NE 3RD AVE~~
~~STE 304~~
~~MIAMI FL 33132~~

141 NE 3RD AVE
STE 304
MIAMI FL 33169-5807

2. Principal Place of Business

3. Mailing Address

195 97 NE 10 AVE

19597 NE 10 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RAY A

RAY A.

City & State

City & State

NORTH MIAMI BCH FL

NORTH MIAMI BCH, FL

Zip

Country

Zip

Country

33179

USA

33179

4. FEI Number

65-0736231

Applied For

Not Applicable

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

Name

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

19597 NE 10 AVE

RAY A

City

NORTH MIAMI BCH

FL

Zip Code

33179

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAS VINHAS, ANTONIO P	
STREET ADDRESS	RUA JERONIMO MONTEIRO 26 APT. 302	
CITY-ST-ZIP	LEBLON RIO DE JANEIRO RJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRA, FERNANDO A	
STREET ADDRESS	RUA JERONIMO MONTEIRO 26 APT. 302	
CITY-ST-ZIP	LEBLON RIO DE JANEIRO RJ	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)