

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2000 90018 043 \*\*\*150.00

**DOCUMENT # P97000025086**

1. Entity Name  
**PEAN TRADING CORP.**

Principal Place of Business <del>141 NE 3RD AVE</del> <del>STE 304</del> <del>MIAMI FL 33132</del>	Mailing Address <b>141 NE 3RD AVE</b> <b>STE 304</b> <b>MIAMI FL 33169-5807</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>195 97 NE 10 AVE</b> Suite, Apt. #, etc. <b>RAY A</b>	3. Mailing Address <b>19597 NE 10 AVE</b> Suite, Apt. #, etc. <b>RAY A.</b>
City & State <b>NORTH MIAMI BCH FL</b>	City & State <b>NORTH MIAMI BCH, FL</b>
Zip <b>33179</b> Country <b>USA</b>	Zip <b>33179</b> Country

4. FEI Number <b>65-0736231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

~~DAS VINHAS, ANTONIO P~~  
~~141 NE 3RD AVE~~  
~~STE 304~~  
~~MIAMI FL 33132~~

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 DATE **2/2/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: DATE **2/2/00** DAYTIME PHONE # **305-650-9848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)