

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036533

1. Entity Name

E.I.O. TRADES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90039 031 ***150.00

Principal Place of Business

Mailing Address

PO BOX 971368
MIAMI FL 33197

PO BOX 971368
MIAMI FL 33245-1238

2. Principal Place of Business

3. Mailing Address

332 NW 34 AV
Suite, Apt. #, etc.

P.O. BOX 451238
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FLORIDA

MIAMI, FL

4. FEI Number

65-0747600

Applied For

Not Applicable

Zip

Country

Zip

Country

33125 USA

33245 USA

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

LOPEZ, JORGE A
15356 HARRISON DR
MIAMI FL 33033

Name

JORGE LOPEZ

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

332 NW 34 AV.

City

MIAMI

FL

Zip Code

33125

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-2000

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 PD
NAME LOPEZ, JORGE A
STREET ADDRESS 15356 HARRISON DR
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE PD
NAME JORGE LOPEZ
STREET ADDRESS 332 NW 34 AV.
CITY-ST-ZIP MIAMI FL 33125 ☒ Change ☐ Addition

TITLE VSTD
NAME LOPEZ, OLGA L
STREET ADDRESS 15356 HARRISON DR
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE VSTD
NAME OLGA L. LOPEZ
STREET ADDRESS 332 NW 34 AV.
CITY-ST-ZIP MIAMI FL 33125 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

3-21-2000

Date

(305) 541-3096

Daytime Phone #

CR2E034 19(5/97)