

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038311

1. Entity Name

GO TRADING & SERVICES CORP.

Principal Place of Business
19932 NE 5TH CT
#2
MIAMI FL 33179

Mailing Address
19932 NE 5TH CT
#2
MIAMI FL 33179

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90881 047 ***150.00

0285745
AV

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0748452** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTASSI, MARISA
19932 NE 5TH CT
#2
MIAMI FL 33179

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)

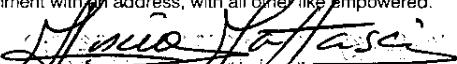
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MATTASSI, MARIA 19932 NE 5TH CT #2 MIAMI FL 33179	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
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CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
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

3/26/02 305-6709645
Date Daytime Phone #

CR2E04 (9/01)