## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P97000039840** Apr 13, 2000 8:00 am Secretary of State SPECIALTY TRADING, INC. 04-13-2000 90035 021 \*\*\*150.00 Principal Place of Business Mailing Address 5701 NW 79TH AVE 5701 NW 79TH AVE MIAMI FL 33166 MIAMI FL 33166-3420 3. Mailing Address 2. Principal Place of Business 6085 N.W. 82 Suenue 6085 N.W. 82 Buenve Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0751948 Not Applicable Miomi \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required ~7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name PROFILET VAZQUEZ & HESS. Street Address (P.O. Box Number is Not Acceptable) **501 BRICKELL KEY DRIVE** SUITE 407 **MIAMI FL 33131** 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Change Addition TITLE ☐ Delete TITLE Jesus RIVAS, JESUS JULIAN NAME NAME 6085 N.W. 82 Svenue STREET ADDRESS STREET ADDRESS 5701 N.W. 79TH AVENUE Miami CITY-ST-ZIP 33166 CITY-ST-7IP MIAMI FL 33166 Change Addition Delete TITLE TITLE Riveros RIVEROS, RICARDO NAME 6085- N. W. 82 Avenue STREET ADDRESS 5701 N.W. 79TH AVENUE STREET ADDRESS CITY-ST-ZIP 33/66 CITY-ST-ZIP MIAMI FL 33166 S..... VIVAS, MARCELA Addition Change ☐ Delete TITLE Morcela NAME NAME 6085 N.W. 82 Avenue STREET ADDRESS 5701 N.W. 79TH AVENUE STREET ADDRESS CITY-ST-ZIP FL 33166 Miami CITY-ST-ZIP MIAM! FL 33166 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with the empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR