

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 013 ***158.75

DOCUMENT # P97000040337

1. Entity Name

SUBLIME TRADING COMPANY

Principal Place of Business

**21440 HIGHLAND LAKES BLVD.
 AVENTURA, FL. 33179**

Mailing Address

**21440 HIGHLAND LAKES BLVD.
 AVENTURA, FL. 33179**

2. Principal Place of Business

1036 S. MIAMI AVE.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #240

City & State

MIAMI, FL.

City & State

CORAL GABLES, FL.

Zip

Country

33130 U.S.A.

Zip

Country

33134 U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRAULIO DE CARVALHO, JOSE
 21440 HIGHLAND LAKES BLVD.
 AVENTURA, FL. 33179**

7. Name and Address of New Registered Agent

Name

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD. SUITE #240

City

CORAL GABLES

FL

Zip Code

33134

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, 2001 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

TITLE ☐ Delete
 NAME **D, P, T.**
 STREET ADDRESS **JOSE BRAULIO DE CARVALHO**
 CITY-ST-ZIP **21440 HIGHLAND LAKES, BLVD.
 MIAMI, FL. 33179**

TITLE ☐ Delete
 NAME **D,VP, S.**
 STREET ADDRESS **SUSAN PETERS**
 CITY-ST-ZIP **21440 HIGHLAND LAKES BLVD.
 MIAMI, FL. 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 (11/00)