

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044947

1. Entity Name
BECERRA TRADING COMPANY

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90039 041 ***150.00

Principal Place of Business

932 E NEW HAVEN AVE
MELBOURNE FL 32901

Mailing Address

932 E NEW HAVEN AVE
MELBOURNE FL 32901-5435

2. Principal Place of Business

832 E NEW HAVEN AVE

3. Mailing Address

832 E NEW HAVEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FLA.

City & State

MELBOURNE, FLA.

4. FEI Number

59-3449565

Applied For

Not Applicable

Zip

32901

Country

BREVARD

Zip

32901

Country

BREVARD

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

BECERRA ROBERT F
668 HAMPTON DR NE
PALM BAY FL 32905

Name **ROBERT F. BECERRA**

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

668 HAMPTON DR NE

City

PALM BAY

FL

Zip Code

32905

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

Robert F. Becerra

(NOTE: Registered Agent signature required when reinstating)

DATE

April 11, 20

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 **P** ☐ Delete
NAME **BECERRA, ROBERT F**
STREET ADDRESS **668 HAMPTON DR NE**
CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert F. Becerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 11, 20 (321) 953-5899