

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047421

1. Entity Name

FILCO TRADING, INC.

Principal Place of Business

8355 SW 43 TERRACE
MIAMI FL 33155

Mailing Address

8355 SW 43 TERRACE
MIAMI FL 33176-6816

2. Principal Place of Business

9200 SW 142nd St.
Suite, Apt. #, etc.

3. Mailing Address

9200 SW 142nd St.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0762354

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BAHAR ASSOC.
14730 BE 10TH AVE
N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name Perez, Behar & Assoc. PA

Street Address (P.O. Box Number is Not Acceptable)
13935 NW 1st Ave.

City Miami

FL

Zip Code 33168

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

Sandra Perez / Pres.

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, 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

TITLE D
NAME FILIPPI, EUGENIO
STREET ADDRESS 8355 SW 43 TERRACE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE D
NAME FILIPPI, TRACY
STREET ADDRESS 8355 SW 43 TERRACE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

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
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CITY-ST-ZIP

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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:

Tracy Filippi / Vice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90133 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)