

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90066 026 ***150.00

DOCUMENT # P97000050840

1. Entity Name

PHONANZA TRADING, INC.

Principal Place of Business

Mailing Address

934 N UNIVERSITY DR
 218
 CORAL GABLES FL 33071

934 N UNIVERSITY DR
 218
 CORAL GABLES FL 33071-7029

2. Principal Place of Business

934 N. UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 218

City & State

CORAL SPRINGS FL.

Zip

33071

Country

SPAIN

3. Mailing Address

934 N. UNIVERSITY DR

Suite, Apt. #, etc.

SUITE 218

City & State

CORAL SPRINGS

Zip

33071

Country

SPAIN



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0759798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, ENRIQUE
110 NW 98 WAY
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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, 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	PTD	<input type="checkbox"/> Delete
NAME	BETANCOURT, ENRIQUE	
STREET ADDRESS	110 NW 98 WAY	
CITY-ST-ZIP	CORAL SPRGS FL 33071	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MARIA	
STREET ADDRESS	110 NW 98 WAY	
CITY-ST-ZIP	CORAL SPRGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	MARIA E BETANCOURT	
STREET ADDRESS	110 NW 98 WAY	
CITY-ST-ZIP	CORAL SPRGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 ENRIQUE BETANCOURT**

1/06/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #