

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056831

1. Entity Name
TRADING ONE CORP.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90042 038 ***150.00

Principal Place of Business
3101 NW 74TH AVE
MIAMI FL 33122

Mailing Address
3101 NW 74TH AVE
MIAMI FL 33122-1225

2. Principal Place of Business
8139 NW 66TH STREET
Suite, Apt. #, etc.

3. Mailing Address
8139 NW 66TH STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI - FLORIDA
Zip
33166
Country
USA

City & State
MIAMI - FLORIDA
Zip
33166
Country
USA

4. FEI Number
65-0764104
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, CARLOS
1121 CRANDON BLVD. #901
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name
CARLOS PEREIRA
Street Address (P.O. Box Number is Not Acceptable)
8139 NW 66TH STREET
City MIAMI - FL Zip Code 33166

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  CARLOS PEREIRA - 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 NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, CARLOS 1121 CRANDON BLVD. #901 KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREIRA, MARIE E 1121 CRANDON BLVD 901 KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/00 305-5978750
Date Daytime Phone #

CR2E034 (9/99)