

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056831

1. Entity ☒ Corporation

TRADING ONE CORPORATION

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90016 017 ***150.00

Principal Place of Business Mailing Address
8139 NW 66 ST. 8139 NW 66 ST.
MIAMI, FL 33166 MIAMI, FL 33166

2. Principal Place of Business 3. Mailing Address
8139 NW 66 ST. 8139 NW 66 ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
Zip Country Zip Country
33166 USA 33166 USA

4. FEI Number 65-0764104
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

PEREIRA, CARLOS
1111 CRANDON BLVD # B 302
KEY BISCAYNE, FL 33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREIRA, CARLOS	
STREET ADDRESS	1111 CRANDON BLVD # B 302	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREIRA, MARIE E.	
STREET ADDRESS	1111 CRANDON BLVD # B 302	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

03/21/01 305-5978750
Date Daytime Phone #

CR2E034 (11/00)