

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90022 028 ***150.00

DOCUMENT # P97000058168

1. Entity Name

ALL BUSINESS TRADING CORP.

Principal Place of Business

7802 KINGSPONTE PKWY
 STE 109
 ORLANDO FL 32819
 US

Mailing Address

7802 KINGSPONTE PKWY
 STE 109
 ORLANDO FL 32819
 US

2. Principal Place of Business

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

STE 106

City & State

ORLANDO FL

Zip

32819

Country

US

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

STE 106

City & State

ORLANDO FL

Zip

32819

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0764790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRAGA, MARIO CETAIZ
554 WATER STREET
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

BRAGA, MARIO CESAR

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

3225 ARDEN VILLAS BLVD #APT 9

City

ORLANDO

FL

Zip Code

32817

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

Mario Cesar Braga

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BRAGA, MARIO	
STREET ADDRESS	438 WATER STREET	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DUARTE, NORBERTO R	
STREET ADDRESS	446 WATER STREET	
CITY-ST-ZIP	CELEBRATION FL 34747	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGA, MARIO	
STREET ADDRESS	3225 ARDEN VILLAS BLVD #APT 9	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, NORBERTO R.	
STREET ADDRESS	405 CAMELIA STREET	
CITY-ST-ZIP	CELEBRATION FL 34747	
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:

Mario Cesar Braga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CESAR DA COSTA BRAGA

Date

01/08/01

Daytime Phone #

(407) 355-7810

0070867

CR2E034 (10/00)