

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90226 022 ***150.00

DOCUMENT # P97000058168

1. Entity Name

ALL BUSINESS TRADING CORP.



Principal Place of Business

**6600 KINGSPONTE PKWY
ORLANDO FL 32819
US**

Mailing Address

**6600 KINGSPONTE PKWY
ORLANDO FL 32819
US**

2. Principal Place of Business

6606 KINGSPONTE PKWY

Suite, Apt. #, etc.

3. Mailing Address

6606 KINGSPONTE PKWY

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

US

Zip

32819

Country

US

4. FEI Number

65-0764790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRAGA, MARIO CETAIZ

6600 KINGS. PONTE. PKWY

ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

BRAGA, MARIO C.

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

6606 KINGSPONTE PKWY

City

ORLANDO

FL

Zip Code **32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BRAGA, MARIO**
STREET ADDRESS **6600 KINGS POINT PKWY**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VPSD** ☐ Delete
NAME **DUARTE, NORBERTO R**
STREET ADDRESS **6600 KINGSPONTE PKWY**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6606 KINGSPONTE PKWY**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6606 KINGSPONTE PKWY**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **BRAGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03

(407) 3708930

Date

Daytime Phone #

CR2E034 (10/02)