

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081427

1. Entity Name

VINCI TRADING CORP.

Principal Place of Business

782 N.W. LE JEUNE ROAD
SUITE 434
MIAMI FL 33126

Mailing Address

782 N.W. LE JEUNE ROAD
SUITE 434
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0784370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUNIOR, GERALDO R
781 N.W. LE JEUNE ROAD
SUITE 434
MIAMI FL 33126

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, 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
NAME TOMIC, GEORGE
STREET ADDRESS RUA BARTOLOMEIO SEIO 116
CITY-ST-ZIP SAO PAULO SP BRASIL 04580 ☐ Delete

TITLE VD
NAME ROCHA, ELAINE R
STREET ADDRESS RUA BARTOLOMEIO SEIO 116
CITY-ST-ZIP SAO PAULO SP BRASIL 04580 ☐ Delete

TITLE SD
NAME PINTO, GERALDO R
STREET ADDRESS RUA BARTOLOMEIO SEIO 116
CITY-ST-ZIP SAO PAULO SP BRASIL 04580 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

301-448-3327

Daytime Phone #

CR2E034 (10/00)

0144176

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90191 049 ***150.00

C0058251



DO NOT WRITE IN THIS SPACE