

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 009 ***150.00

DOCUMENT # **P97000081427**

1. Entity Name

VINCI TRADING CORP.

90130092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 NW 72 ND AVE

3. Mailing Address

Suite, Apt. #, etc.

UNIT 104

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0784370

Applied For

Not Applicable

Zip

33122

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

PINTO, GERALDO R

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

3100 NW 72 AVE # 104

City

MIAMI

FL

Zip Code

33122

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 re-statuting)

DATE

4/30/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PD
PINTO, GERALDO R
3100 NW 72 AVE # 104
MIAMI FL 33122**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**VD
TOMIC, GEORGE
RUA BARTOLOMEU SE10 116
SAO PAULO SP BRASIL 04580**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

**SD
ROCHA, ELAINE R
RUA BARTOLOMEU SE10 116
SAO PAULO SP BRASIL 04580**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

305-463 7739

Date

Daytime Phone #

CIR2ED54B (12/01)