

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096020

1. Entity Name

2R TRADING CORP.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90023 003 ***150.00

Principal Place of Business

10633 HAMMOCKS BLVD., #1024
MIAMI FL 33196

Mailing Address

10633 HAMMOCKS BLVD., #1024
MIAMI FL 33193-3751

2. Principal Place of Business

7604 SW 166 COURT

3. Mailing Address

7604 SW 166 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0798215

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

33193

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTANA, FRANCIS X
28 W. FLAGLER ST., STE. 400
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

RAUL AMPRIMO

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

7604 SW 166 COURT

City

MIAMI

FL

Zip Code

33193

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

JANUARY 20/2000

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	AMPRIMO, RAUL	
STREET ADDRESS	10633 HAMMOCKS BLVD., #1024	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AMPRIMO, ROCIO	
STREET ADDRESS	10633 HAMMOCKS BLVD., #1024	
CITY-ST-ZIP	MIAMI FL 33196	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMPRIMO, RAUL	
STREET ADDRESS	7604 SW 166 COURT	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMPRIMO, ROCIO	
STREET ADDRESS	7604 SW 166 COURT	
CITY-ST-ZIP	MIAMI, FL 33193	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 20/2000

Date

305-477-2270

Daytime Phone #

CR2E034 (9/99)