2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000096388 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** P I C TRADING, INC. 01-27-2000 90127 017 ***158.75 Principal Place of Business Mailing Address 8260 NORTH WEST 68TH STREET 8260 NORTH WEST 68TH STREET MIAMI FL 33166-2759 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0793105 Not Applicable \$8.75 Additional Fee Required Country Zip Country X 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALUAREZ. NAIME ALE-DE MORAES, NAIME 8260 NORTH WEST 68TH STREET **MIAMI FL 33166** City ^{౽ఴౢౢౢ}౸ౙ౺*౷౷* MIAMI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD **PSD** ☐ Addition TITI F Delete TITLE ALUAREZ, NAIME ALE NAME ALE DE MORAES, NAIME NAME 8260 NW GBSTREET STREET ADDRESS 8260 NORTH WEST 68TH STREET STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 🔀 Change ☐ Addition Delete TITLE TITLE ALUAREZ, FERNANDO LUIS ALVAREZ, FERNANDO LUIS NAME 2260 NW 68 STREET STREET ADDRESS 8260 NORTH WEST 68TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL MIAMI FL 33166 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED TAME OF SIGNING OFFICER OF PRINTED TAME OF SIGNING OFFICER OF PRINTED TAME

NAIME ALE ALVAREZ

1/7/00

(305) 599-9800

Daytime Phone #