9/17/01-90147-045-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098369

1. Entity Name
PITTSBURGH TRADING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 20 PM 4:00
B0065506

Principal Place of Business

Mailing Address
PITTSBURGH TRADING, INC.
c/o AREK MAJUS
4699 N FEDERAL HWY
POMPANO B. FL 33064

2. Principal Place of Business	3. Mailing Address
4699 N FEDER HWY	4699 N FEDERAL HWY
Suite, Apt. #, etc. c/o AREK MAJUS	Suite, Apt. #, etc. c/o AREK MAJUS
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33064 Country US	Zip 33064 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBIN GLASS	Name AREK MAJUS
6968 NW 30 AVE	Street Address (P.O. Box Number is Not Acceptable) 4699 N FEDERAL HWY
FT. LAUDERDALE FL 33309	City POMPANO BEACH FL Zip Code 33064

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 AREK MAJUS, SECRETARY 09-12-01
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) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PVP NAME SANTOS, JOAQUIN GUSMAN DOS STREET ADDRESS 6968 NW 30TH AVE CITY-ST-ZIP FT FLL FL 33309 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TS NAME GLASS ROBIN STREET ADDRESS 6968 NW 30TH AVE CITY-ST-ZIP FT FLL FL 33309 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE S ☐ Change ☑ Addition NAME AREK MAJUS STREET ADDRESS 4699 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP AD

CR2E034 (11/00)

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: AREK MAJUS, S 09-12-01 9547833663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #