

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008132

1. Entity Name

R.J. TRADING SERVICE CORP.

Principal Place of Business

Mailing Address

3051 N.W. 75TH AVENUE
MIAMI FL 33152

P.O. BOX 522190
MIAMI FL 33152-2190

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

65-0823658

Applied For

Not Applied

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

TOMLINSON, RENEE
3015 N.W. 75TH AVENUE
MIAMI FL 33122

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TOMLINSON, RENEE
STREET ADDRESS 3051 N.W. 75TH AVENUE
CITY-ST-ZIP MIAMI FL 33122 ☒ Delete

TITLE T
NAME MORALES, MAX
STREET ADDRESS 3015 N.W. 75TH AVENUE
CITY-ST-ZIP MIAMI FL 33122 ☒ Delete

TITLE S
NAME MORALES, ROBERTO III
STREET ADDRESS 3051 N.W. 75TH AVENUE
CITY-ST-ZIP MIAMI FL 33122 ☒ 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

TITLE PD
NAME LOUIS PERMANO GOMEZ
STREET ADDRESS 18061 BISCAYNE TOWER T2-1704
CITY-ST-ZIP AVENTURA, FL 33130 ☒ Change ☐

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

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CITY-ST-ZIP ☐ Change ☐

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

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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90047 042 ***158.75



DO NOT WRITE IN THIS SPACE