

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0243621 AV

DOCUMENT # P98000018464

1. Entity Name
S. & M. TRADING, INC.



FILED

03 MAY 20 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~220 71ST STREET~~
~~SUITE 213~~
~~MIAMI BEACH FL 33141~~

Mailing Address
~~220 71ST STREET~~
~~SUITE 213~~
~~MIAMI BEACH FL 33141~~

2. Principal Place of Business
12000 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 507

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number 65-0814337

Applied For
Not Applicable

Zip 33181 Country USA

Zip Country

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

CHIARATO, UGO V
~~220 71ST STREET~~
~~SUITE 213~~
~~MIAMI BEACH FL 33141~~

UGO V. CHIARATO
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
MARSIGLIA, SIMONE
~~220 71ST STREET, #213~~
~~MIAMI BEACH FL 33141~~
12000 BISCAYNE BLVD
MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12000 BISCAYNE BLVD
SUITE 507
100013565631
05/20/03--01022--007 **2911.25

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

POA

04/27/2003 (305) 899.5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)