

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90106 049 ***550.00

DOCUMENT # P98000052405

1. Entity Name
EAGLE TRADING GROUP, INC.

Principal Place of Business

**3211 PONCE DE LEON BLVD. #204
 MIAMI FL 33134**

Mailing Address

**3211 PONCE DE LEON BLVD. #204
 MIAMI FL 33134**

8724502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7828 NW. 53 ST.

3. Mailing Address

100 BAYWIE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #2020

City & State

MIAMI FL.

City & State

SUNNY ISLES

4. FEI Number

65-0863611

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALFONSO MONTOYA ECHAURI
 7307 N.W. 79TH TERR.
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name

ALFONSO MONTOYA ECHAURI

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

100 BAYWIE DRIVE SUITE 2020

City

SUNNY ISLES FL

Zip Code

33160

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PSD** ☐ Delete
 NAME **ECHAURI, ALFONSO M**
 STREET ADDRESS **3211 PONE DE LEON BLVD. #204**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☐ Addition
 NAME **ECHAURI ALFONSO M**
 STREET ADDRESS **100 BAYWIE DRIVE SUITE 2020**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

TITLE ☐ Change ☐ Addition
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 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:

ALFONSO MONTOYA ECHAURI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/2002** Daytime Phone #

CR2E034 (4/02)