

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060133

1. Entity Name

CANDELA TRADING AGENCY, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90012 048 \*\*\*150.00

Principal Place of Business

407 LINCOLN ROAD STE 6A  
MIAMI FL 33139

Mailing Address

407 LINCOLN ROAD STE 6A  
MIAMI FL 33139-3008

2. Principal Place of Business

16375 NE 18 AVE STE 202

Suite, Apt. #, etc.

202

City & State

North Miami Bch, FL

Zip  
33162-4700

Country

3. Mailing Address

16375 NE 18 AVE

Suite, Apt. #, etc.

202

City & State

North Miami Bch, FL

Zip  
33162-4700

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0855103

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

CANDELA, VITO  
407 LINCOLN ROAD STE 6A  
MIAMI FL 33139

Name

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

16375 NE 18 AVE

SUITE 202

City

North Miami Bch

FL

Zip Code

33162-4700

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 ☐ Delete  
NAME D  
STREET ADDRESS CANDELA, VITO  
CITY-ST-ZIP 407 LINCOLN ROAD STE 6A  
MIAMI FL 33139

TITLE ☒ Change ☐ Addition  
NAME 16375 NE 18 AVE, SUITE 202  
STREET ADDRESS North Miami Bch, FL  
CITY-ST-ZIP 33162-4700

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Vito Candela* VITO CANDELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/2000

Daytime Phone #

(305) 947-8084

CR2E034 (9/99)