

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068117

1. Entity Name

ARCOVERDE TRADING CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90028 017 ***158.75

Principal Place of Business

Mailing Address

11720 S.W. 142 CT.
MIAMI FL 33186

11720 S.W. 142 CT.
MIAMI FL 33186-8602

2. Principal Place of Business

273 NE 2ND ST

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33132

Country

US

Zip

Country

4. FEI Number

65-0855275

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PRATS, GABRIEL~~
~~151 MAJORCA AVE, STE C~~
~~CORAL GABLES FL 33134~~

Name

ARCOVERDE, ERICO BRANDAO

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

11720 SW 142 CT

City

MIAMI

FL

Zip Code

33186

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ARCOVERDE, ERICO BRANDAO
11720 S.W. 142 CT.
MIAMI FL 33186 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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ARCOVERDE, ERICO BRANDAO
11720 S.W. 142 CT.
MIAMI FL 33186 ☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARCOVERDE, ERICO B.

4/17/00

Daytime Phone #

(305) 379-5400

CR2E034 (9/99)