

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # **P98000068827**

1. Entity Name
HOLIDAY TRADING, CORP.

07-02-2002 90814 034 ***550.00

Principal Place of Business 2335 NW 107TH AVE #21732 MIAMI FL 33172	Mailing Address 782 NW LE JEUNE RD. SUITE 434 MIAMI FL 33126
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2. Principal Place of Business 10773 NW 58th Street Suite, Apt. #, etc. Suite 182	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State	4. FEI Number 65-0858477	Applied For Not Applicable
Zip 33178	Country	Zip	Country

6. Name and Address of Current Registered Agent LOPEZ, ANTONIO R CPA 782 NW LE JEUNE ROAD SUITE 434 MIAMI FL 33126	7. Name and Address of New Registered Agent Name Carlos A Rotermund Street Address (P.O. Box Number is Not Accountable) 6801 NW 112th Avenue City Miami FL Zip Code 33178
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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: Carlos A Rotermund DATE: 06/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAFARELLI, REGINALDO RUA ANTONIO DAS CHAGAS 161 SAO PAULO, BRAZIL 04714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTHERMUND, CARLOS A 4638 NW 97TH PLACE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carlos A Rotermund 6801 NW 112th Avenue Miami, FL 00178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Rosangela Krader dos Santos R Padre Antonio Jose dos Santos 1503/103 Sao Paulo-- SP - Brasil 04360 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: [Signature] DATE: 6/25/02 Daytime Phone #: 305-448-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0194626 AV

CR2E034 (9/01)