

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90142 014 ***158.75

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DOCUMENT # P98000070466

1. Entity Name
BBS TRADING, INC.



Principal Place of Business
**2700 GLADES CIRLCE
#106
WESTON FL 33327**

Mailing Address
**2700 GLADES CIRLCE
#106
WESTON FL 33327**



2. Principal Place of Business
. 9389 NW 13 St.
Suite, Apt. #, etc.

3. Mailing Address
. 9389 NW 13 St.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida
Zip
33172
Country

City & State
Miami, Florida
Zip
33172
Country

4. FEI Number **65-0869555**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BETTENCOURT, CESAR
2700 GLADES CIRCLE
STE 106
WESTON FL 33327**

7. Name and Address of New Registered Agent
Name
Cesar Bettencourt
Street Address (P.O. Box Number is Not Acceptable)
9389 NW 13 Street.
City
Miami FL Zip Code
33172.

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 **Cesar Bettencourt** **4/10/2003**
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	
TITLE	D <input type="checkbox"/> Delete
NAME	BETTENCOURT, CESAR AUGUSTO
STREET ADDRESS	2700 GLADES CIRCLE STE 106
CITY-ST-ZIP	WESTON FL 33327
TITLE	D <input type="checkbox"/> Delete
NAME	SAVIO, ELIO
STREET ADDRESS	2700 GLADES CIRCLE, STE 106
CITY-ST-ZIP	WESTON FL 33327
TITLE	D <input type="checkbox"/> Delete
NAME	BRICENO, PAUL
STREET ADDRESS	2700 GLADES CIRLCE STE 106
CITY-ST-ZIP	WESTON FL 33327
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cesar Augusto Bettencourt.
STREET ADDRESS	9389 NW 13 Street.
CITY-ST-ZIP	Miami, Florida 33172
TITLE	D, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIO SAVIO
STREET ADDRESS	9389 NW 13 Street
CITY-ST-ZIP	Miami, Florida 33172
TITLE	D, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL BRICENO
STREET ADDRESS	9389 NW 13 St.
CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a power like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cesar Augusto Bettencourt, Director
April 10, 2003 (305) 591-5650
Date Daytime Phone #

CR2E034 (10/02)