

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086975

1. Entity Name

DAVGAD TRADE, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90135 003 \*\*\*150.00

Principal Place of Business

Mailing Address

12360 S.W. 132 COURT  
SUITE 210  
MIAMI FL 33186

12360 S.W. 132 COURT  
SUITE 210  
MIAMI FL 33186-6463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871220

Applied For

Not Applicable

Zip 33018

Country USA

Zip 33015

Country USA

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

JARAMILLO, YOLANDA  
12360 S.W. 132 COURT  
SUITE 210  
MIAMI FL 33186

Name

David Mosquera

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

6700 NW 186 St Apt 105

City

Miami

FL

Zip Code

33015

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 PD  
NAME MOSQUERA, DAVID  
STREET ADDRESS 6700 N.W. 186 ST. APT. 105  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE STD  
NAME LONDONO, MIRALBA  
STREET ADDRESS 6700 N.W. 186 ST. APT. 105  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE D  
NAME ELECTRICO, JUANBE  
STREET ADDRESS KRA 6 #18-88 CALI  
CITY-ST-ZIP COLOMBIA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)