

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90161 021 ***150.00

DOCUMENT # **P98000102860**

1. Entity Name

H.G. TRADING CIA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15804 NW 81 CT

Suite, Apt. #, etc.

3. Mailing Address

15804 NW 81 CT

Suite, Apt. #, etc.

City & State

Miami Lakes FL

City & State

Miami Lakes, FL

4. FEI Number

65-0945723

Applied For

Not Applicable

Zip

33016-6694

Country

USA

Zip

33016-6694

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GALEANO, HECTOR E.

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

15804 NW 81 CT

City

Miami Lakes

FL

Zip Code

33016-6694

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **Galeano, Hector**
STREET ADDRESS **15804 NW 81 CT**
CITY-ST-ZIP **Miami Lakes, FL 33016-6694**

TITLE **V**
NAME **Garzon, Aura R.**
STREET ADDRESS **15804 NW 81 CT**
CITY-ST-ZIP **MIAMI LAKES, FL 33016-6694**

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Galeano
President

1/29/2003
Date

305-986-5702
Daytime Phone #