2000 UNIFORM BUSINESS REPORT (UBR)

FILED P98000105751 DOCUMENT # Jun 09, 2000 8:00 am 1. Entity Name **Secretary of State** SUPREME TRADING, CORP 06-09-2000 90016 028 ***150.00 Principal Place of Business Mailing Address 3970 NW 132ND STREET 3970 NW 132ND STREET UNIT F UNIT F MIAMI FL, 33054 MIAMI FL, 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0883325 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _PAULO_R._FERREIRA ZORILDA-GONZALEZ------6626 SW 41ST PLACE Street Address (P.O. Box Number is Not Acceptable) 5260 WEST 26TH COURT DAVIE FL, 33314 Zin Code 33016 HIALEAH 8. The above named entity swomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3-6-00 ZORILDA GONZALEZ SIGNATURE typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT/SECRETARY Change Addition PRESIDENT/SECRETARY TITLE TITLE **X**Delete PAULO R. FERREIRA ZORILDA GONZALEZ NAME 6626 SW 41ST PLACE 5260 WEST 26TH COURT STREET ADDRESS STREET ADDRESS DAVIE FL, 33314 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL, 33016 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. ZORILDA GONZALEZ 3-6-00 SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR