

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107984

1. Entity Name

EAGLE DOG TRADING, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90079 028 \*\*\*150.00

Principal Place of Business

Mailing Address

8000 N.W. 31ST STREET #3  
MIAMI FL 33122

8000 N.W. 31ST STREET #3  
MIAMI FL 33122-1049

*Change address only*

940000

2. Principal Place of Business

3. Mailing Address

*3579 NW 82 Ave*

*3579 NW 82 Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Miami FL*

City & State

*Miami FL*

4. FEI Number

65-0884842

Applied For

Not Applicable

Zip

*33122*

Country

Zip

*33122*

Country

*Florida*

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

GUTIERREZ, MEDARDO  
8000 N.W. 31ST STREET #3  
MIAMI FL 33122

Name

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

*3579 NW 82 Ave*

City *Miami*

FL

Zip Code  
*33122*

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/18/00*

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 ☐ Delete  
NAME D  
STREET ADDRESS GUTIERREZ, MEDARDO  
CITY-ST-ZIP 8000 N.W. 31ST STREET #3  
MIAMI FL 33122

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *3579 NW 82 Ave*  
CITY-ST-ZIP *Miami FL 33122*

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FERRER, HLEDMARO J  
CITY-ST-ZIP 8000 N.W. 31ST STREET #3  
MIAMI FL 33122

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *3579 NW 82 Ave*  
CITY-ST-ZIP *Miami FL 33122*

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERNANDEZ, JOSE A  
CITY-ST-ZIP 8000 N.W. 31ST STREET #3  
MIAMI FL 33122

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *3579 NW 82 Ave*  
CITY-ST-ZIP *Miami FL 33122*

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CLIMASTORA, LUIGI A  
CITY-ST-ZIP 8000 N.W. 31ST STREET #3  
MIAMI FL 33122

TITLE ☒ Change ☐ Addition  
NAME CLIMASTONE, LUIGI A.  
STREET ADDRESS *3579 NW 82 Ave*  
CITY-ST-ZIP *Miami FL 33122*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*4/18/2000*

CR2E034 (9/99)