

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005676

1. Entity Name
P + W TRADING CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90089 031 ***150.00

Principal Place of Business
8457 N.W. 61ST STREET
MIAMI FL 33166

Mailing Address
8457 N.W. 61ST STREET
MIAMI FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0889913**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PENA, PATRICIA
10234 N.W. 130TH STREET
MIAMI FL 33012

8407 NW 61ST.
Miami Florida 33166

Name

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

City

FL

Zip Code

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 *Patricia Pena* *Patricia Pena*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/2001

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, 2001 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** ☐ Delete
NAME **PENA, PATRICIA**
STREET ADDRESS **8457 NW 61ST STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
NAME *8407 NW 61ST.*
STREET ADDRESS *Miami Florida 33166*
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **RODRIGUEZ, WILLIAM**
STREET ADDRESS **8457 NW 61 STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
NAME *8407 NW 61ST*
STREET ADDRESS *Miami Florida 33166*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 duly empowered.

SIGNATURE: *Patricia Pena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/04/2001 (305) 392-9933

CR2E034 (10/00)