

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90056 050 ***158.75

DOCUMENT # P99000008219

1. Entity Name
C. W. TRADING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2121 PONCE DE LEON BLVD. **2121 PONCE DE LEON BLVD.**
SUIE 240 **SUIE 240**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134-5224**

2. Principal Place of Business 3. Mailing Address
9300 S. DIXIE HWY. Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State
SUITE 108 City & State
 City & State
MIAMI, FL.

Zip Country Zip Country
33156 **USA**

4. FEI Number Applied For
65-0894930 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, FRANCISCO J
2121 PONCE DE LEON BLVD.
SUIE 240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
GABRIEL PRATS
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
SUITE #240
 City FL Zip Code
CORAL GABLES **33134**

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE OLIVEIRA NETO, ALFREDO G 9300 SOUTH DIXIE HIGHWAY, SUITE 108 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PESSOA CAMPOS, ADRIANA M 9300 SOUTH DIXIE HIGHWAY, SUITE 108 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVEIRA, PAULO 9300 SOUTH DIXIE HIGHWAY, SUITE 108 MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **04-28-2000** (308) 4689449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #