

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90058 030 ***150.00

DOCUMENT # *P99000028920*

1. Entity Name

CMS TRADING, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12455 SW 93 TER.

3. Mailing Address

12455 SW 93 TER.

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65/0970774

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CARLOS MAURTUA

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

12455 SW 93 TER. SUITE 408

City

MIAMI

FL

Zip Code

33186

**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 reappointing)

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/T/S*
NAME *CARLOS MAURTUA*
STREET ADDRESS *12455 SW 93 TER. # 408*
CITY-ST-ZIP *MIAMI, FL. 33186*

TITLE *D*
NAME *CARLOS MAURTUA*
STREET ADDRESS *12455 SW 93 TER. # 408*
CITY-ST-ZIP *MIAMI, FL. 33186*

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IN THIS SPACE**

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

CARLOS MAURTUA

4/20/02

Date

(786)247-4468

Daytime Phone #

CR2E034B (12/01)