## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State DOCUMENT # P99000035748 DAURA TRADING CORP. 05-24-2002 91292 004 \*\*\*158.75 Principal Place of Business Mailing Address 7818 NW 71ST STREET 7818 NW 71ST STREET 1ST FLOOR **IST FLOOR** MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 9737 NW 41st Street 9737 NW 41st Street 300 -----Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0948714 Miami Miami FL Not Applicable Zip 33178 <sup>Zip</sup> 33178 \$8.75 Additional Country USA USÁ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pinho, Vanderlei M. PINHO, VANDERLEI M Street Address (P.O. Box Number is Not Acceptable) 7818 NW 71ST STREET 1ST FLOOR 9737 NW 41st: Street Suite 300 MIAMI FL 33166 City Zip Code Miami FL 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. 04/27/2002 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing ---**⇒\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE D. Change PINHO, VANDERLEI M NAME Pinho, Vanderlei M. STREET ADDRESS **7818 NW 71ST 1ST FLOOR** STREET ADDRESS 9737 NW 41st Street Suite 300 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33178 TITLE . ' ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/27/2002

Daytime Phone #

☐ Change

☐ Addition

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