02-06-2002 90050 011 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

M & L TRADING, INC.

Principal Place of Business

Mailing Address

P99000041118

10421 SW 116TH STREET MIAM! FL 33176

10421 SW 116TH STREET

MIAMI FL 33176

2.	Principal	Place	of	Business	

3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc

City & State Zip

City & State

6. Name and Address of Current Registered Agent

Zip	 Countr	У

4. FEI Number

5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

65-0921962

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

DATE

Zip Code

\$8.75 Additional

Applied For

Not Applicable

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

ARENAS, LUIS

**MIAMI FL 33176** 

10421 SW 116TH STREET

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

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition ☐ Delete ARENAS, LUIS NAME NAME STREET ADDRESS 10421 SW 116TH ST STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ARENAS, MARY NAME STREET ADDRESS STREET ADDRESS 10421 SW 116TH ST CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 empewared 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 add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)