

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000054075**

1. Entity Name  
**E-NET TRADING, INC.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90014 031 \*\*\*158.75

Principal Place of Business

**10613 HAMMOCKS BLVD SUITE 224  
MIAMI FL 33196**

Mailing Address

**10613 HAMMOCKS BLVD SUITE 224  
MIAMI FL 33193-3322**

2. Principal Place of Business

**15852 S.W. 74 Lane**  
Suite, Apt. #, etc.

3. Mailing Address

**15852 SW 74 Lane**  
Suite, Apt. #, etc.

City & State

**Miami, FL.**

City & State

**Miami, FL.**

4. FEI Number

**65-0929961**

Applied For

Not Applicable

Zip

**33193**

Country

**USA**

Zip

**33193**

Country

**USA**

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

**GONZALEZ, RUBY**

**10613 HAMMOCKS BLVD SUITE 224  
MIAMI FL 33196**

Name

**Ruby Gonzalez**

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

**15852 S.W. 74th Lane**

City **Miami**

**FL**

Zip Code

**33193**

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

*Ruby Gonzalez*

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/2000**

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 **DIRECTOR** ☐ Delete  
NAME **GONZALEZ, RUBY**  
STREET ADDRESS **10613 HAMMOCKS BLVD SUITE 224**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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 or 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:

*Ruby Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**

Date

**(305)386-0746**

Daytime Phone #

CR2E034 (9/99)