2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000055887** PINAR TRADING CORP. 05-04-2000 90160 002 ***158.75 Principal Place of Business Mailing Address 9821 SW 3RD STREET 9821 SW 3RD STREET MIAMI FL 33174-1934 $K_{ij}JJ_{ij}U_{ij}H$ MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEL Number 65-0938538 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAVEZ, JOSE-A-JR. Street Address (P.O. Box Number is Not Acceptable) 9821 SW 3RD STREET MIAMI FL 33174 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE CHAVEZ, JOSE A JR. NAME 9821 SW 3RD STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33174** Change ☐ Addition ☐ Delete TITLE CHAVEZ, JOSE A SR. NAME NAME STREET ADDRESS 9402 SW 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 sofiature 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 effect in 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 that my section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and that my section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and that my section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report as the control of the corporation or the receiver of trustee empowered to exempt the corporation of the corporation or the receiver of trustee empowered to exempt the corporation of the corporation of the corporation or the receiver of trustee empowered to exempt the corporation of the corpo 3 ii SIGNATURE:

NO OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR RINTED NAME OF SIGNI

CR2E034 (9/99)

Daytime Phone #