Mar 27 02 01:25p

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90341 021 ***150.00

DOCUMENT # 657880

1. Entity Name
P. F. TRADING INC.
F99000002864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13006 SW 120TH STREET	13006 SW 120TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0937733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PABLO FABELO

Street Address (P.O. Box Number is Not Acceptable): 17128 SW 144TH COURT

City: MIAMI FL Zip Code: 33177

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: _____ PABLO FABELO, PRESIDENT 3/27/02
Signature, type or printed name of registered agent and title if applicable (Must be Registered Agent Signature if registered agent is changing) (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PABLO FABELO 17128 SW 144TH COURT MIAMI, FL 33177
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CR2E034B (12/01)

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: _____ PABLO FABELO, PRESIDENT 3/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)