

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072435

1. Entity Name

OFFICE TRADE GROUP, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91157 004 ***150.00

Principal Place of Business

6520 NW 84TH AVENUE
MIAMI FL 33166

Mailing Address

6520 NW 84TH AVENUE
MIAMI FL 33166

2. Principal Place of Business

8213 NW 66th Miami, FL 33166

3. Mailing Address

8213 NW 66th Miami, FL 33166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip

33178

Country

USA

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940714

Applied For

Not Applicable

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

LIBERATORE, MICHAEL ESQ.
1401 BRICKELL AVE., STE. 300
MIAMI FL 33131-3502

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☒ Delete
NAME MEDINA, STEPHAN R
STREET ADDRESS 5936 NW 113 PLACE
CITY-ST-ZIP MIAMI FL 33178

TITLE Manager ☐ Change ☒ Addition
NAME Rodrigo Palhares Medina
STREET ADDRESS 10266 NW 44 TERR
CITY-ST-ZIP Miami, FL 33178

TITLE PTD ☐ Delete
NAME MEDINA, JAIME
STREET ADDRESS 10266 NW 44 TERR.
CITY-ST-ZIP MIAMI FL 33178

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: Rodrigo Palhares Medina RODRIGO MEDINA

Date April 28/01 Daytime Phone # (305) 591-3834

CR2E034 (10/00)