

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 040 ***150.00

DOCUMENT # P99000072435

1. Entity Name

OFFICE TRADE GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8213 NW 66 STREET

Suite, Apt. #, etc.

SUITE 1

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

915 NW 1st AVE

Suite, Apt. #, etc.

SUITE H711

City & State

MIAMI, FL

Zip

33136

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

7. Name and Address of Current Registered Agent

Name

ROBERTO AMARAL

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

915 NW 1st AVE STE H711

City MIAMI

FL

Zip Code

33136

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/02

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
DIRECTOR / PRES
CAMILA MEDINA
915 NW 1st AVE STE H711
MIAMI, FL 33136

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROBERTO AMARAL VP/D
915 NW 1st AVE STE H711
MIAMI, FL 33136

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

Camila Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

Daytime Phone #

CR2E034B (12/01)