

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

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 036 ***158.75

DOCUMENT # *P990000082674*

1. Entity Name

United Financial Trading Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5100 North Federal Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

33308

Country

USA

Zip

Country

4. FEI Number

65-0959058

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cosme Arreaza

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

5100 N Federal Hwy Suite 405

City

FT. LAUDERDALE FL

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>Cosme Arreaza</i>
NAME	<i>President</i>
STREET ADDRESS	<i>5100 N. Federal Hwy Suite 405</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE FL 33308</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cosme Arreaza (President)

Date

4/7/04

Daytime Phone #

954-492-8500

CR2E034B (12/02)