

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084735

1. Entity Name

COASTLAND TRADING METALS COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90155 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2075 SW 122 AVENUE SUITE #324  
MIAMI FL 33175

2075 SW 122 AVENUE SUITE #324  
MIAMI FL 33175-7337

2. Principal Place of Business

2075 SW 122 AVENUE

3. Mailing Address

2075 SW 122 AVENUE

Suite, Apt. #, etc.

#324

Suite, Apt. #, etc.

#324

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0951091-021812

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTEGON, ARMANDO F  
2075 SW 122 AVENUE SUITE #324  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name COASTLAND TRADING METALS COMPANY  
Street Address (P.O. Box Number is Not Acceptable) 2075 SW 122 AVENUE #324 MIAMI FL  
33175 U.S.A.  
City MIAMI FL Zip Code 33175

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

4-26-00

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, 2000 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

TITLE ☐ Delete  
NAME **DPS**  
STREET ADDRESS **ORTEGON, ARMANDO F**  
CITY-ST-ZIP **2075 SW 122 AVENUE SUITE #324**  
**MIAMI FL 33175**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ORTEGON, SIBIA**  
CITY-ST-ZIP **2075 SW 122 AVENUE SUITE #324**  
**MIAMI FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #