

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90060 019 ***150.00

DOCUMENT # P99000084777	
1. Entity Name RMART TRADING CORP.	
Principal Place of Business 10996 BLACKHAWK ST PLANTATION FL 33324 US	Mailing Address 10996 BLACKHAWK ST PLANTATION FL 33324 US
2. Principal Place of Business 10996 BLACKHAWK ST	3. Mailing Address 10996 BLACKHAWK
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PLANTATION, FL	City & State PLANTATION, FL	4. FEI Number 65-0951712	Applied For <input type="checkbox"/> Not Applicable
Zip 33324	Country BROWARD	Zip 33324	Country BROWARD
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433		7. Name and Address of New Registered Agent RONALDO MARTINS 10996 BLACKHAWK ST. PLANTATION FL 33324	
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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. RONALDO MARTINS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		1/10/2002 DATE	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINS, RONALDO 10996 BLACKHAWK ST PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RONALDO MARTINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/10/2002 Date (954) 916 6450 Daytime Phone #

CR2E034 (9/01)