

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092386

1. Entity Name  
INFONET TRADING, CORP.

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90056 037 \*\*\*150.00

Principal Place of Business

7275 NW 68 ST  
# 2  
MIAMI FL 33166

Mailing Address

7275 NW 68 ST  
# 2  
MIAMI FL 33166

2. Principal Place of Business

15841 Pines Blvd #317  
Suite, Apt. #, etc.

3. Mailing Address

15841 Pines Blvd #317  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Pembroke Pines, FL

Zip  
33027

Country  
U.S.A.

City & State  
Pembroke Pines, FL

Zip  
33027

Country  
USA

4. FEI Number 65-0956116

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEZ, DANIEL  
10829 NW 4TH ST  
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name  
DANIEL DIEZ  
Street Address (P.O. Box Numbers Not Acceptable)  
15829 NW 4th ST  
City  
Pembroke Pines FL Zip Code  
33028

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]* DANIEL DIEZ

4-17-02

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, 2002 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	DPT	<input type="checkbox"/> Delete
NAME	DIEZ, DANIEL	
STREET ADDRESS	3100 NW 72ND AVE #120	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DANIEL DIEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 (305) 884-8848

Date

Daytime Phone #

CR2E034 (9/01)