


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

8/27

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90008 032 \*\*\*150.00  
09-28-2004 90001 003 \*\*\*400.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> P99000093494                  |  |
| <b>1. Entity Name</b><br>JULUAR'S TRADING, INC. |   |

**DO NOT WRITE IN THIS SPACE**

|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business</b><br>6060 NW 84 AVE | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.       |

|                                      |                              |
|--------------------------------------|------------------------------|
| <b>City &amp; State</b><br>MIAMI, FL | <b>City &amp; State</b>      |
| <b>Zip</b><br>33166                  | <b>Country</b><br>MIAMI-DADE |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>65-1111845 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|  |                                    |
|--|------------------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                     |                                    |
| <b>Name</b><br>JORGELINA L. CRUZ   |                                    |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>6387 SW 41 ST |                                    |
| <b>City</b><br>MIAMI   | <b>FL</b> <b>Zip Code</b><br>33155 |

**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**  **08/25/2004**  
Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**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                                |   |   |                                   |
|---|---|---|-----------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>LUIS A. CRUZ</b><br>6387 SW 41 ST<br>MIAMI, FL 33155<br>VP/D   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ARENIO J. CRUZ</b><br>6387 SW 41 ST<br>MIAMI, FL 33155<br>VP/D | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>JORGELINA CRUZ</b><br>6387 SW 41 ST<br>MIAMI, FL 33155<br>D/P  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

**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:**  **08/25/2004** **305-668-5069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



Attachment  
54073523

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 31, 2004

JULUAR'S TRADING, INC.  
6387 S.W. 41 ST.  
MIAMI, FL 33155

Subject: JULUAR'S TRADING, INC.

Reference Number: P99000093494

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION