

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098691

1. Entity Name
KUSSNERS TRADING, INC.



90119643

Principal Place of Business
601 BRICKELL KEY DRIVE
SUITE 802
MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DRIVE
SUITE 802
MIAMI, FL 33131

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.
STE 802

Suite, Apt. #, etc.
STE 802

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Zip
33131

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0962625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A
601 BRICKELL KEY DRIVE
SUITE 802
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 date if applicable.

(NOTE: Registered Agent's signature required when removing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
SPD	VAZQUEZ, GERARDO A	601 BRICKELL KEY DRIVE	MIAMI, FL 33131	☒
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition
SPD	TRIMISED ARTIGAS	601 BRICKELL KEY DRIVE, STE 802	MIAMI, FL 33131	☒
				☐
				☐
				☐
				☐
				☐

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 902, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E034 (10/02)