

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P99000105958

Entity Name

NATIONAL FLEET TRADING CORPORATION

Principal Place of Business

6299 SW 138 Pl.
Miami, Fl. 33183

Mailing Address

6299 SW 138 Pl.
Miami, Fl. 33183

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967089

Added For

Not Added

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carmona, Emerson
6299 SW 138 Pl.
Miami, Fl 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
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☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Emerson Carmona

8/28/02 (305) 720-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

NATIONAL FLEET TRADING CORPORATION
6299 SW 138TH PLACE
MIAMI, FLORIDA 33183

Miami, August 28, 2002

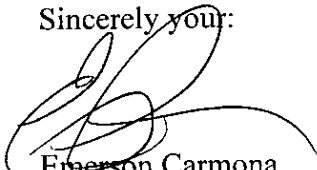
Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, I will appreciate very much if you received and accept our check #101 in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2002.

I appreciate your help to resolve this matter.

Sincerely your:



Emerson Carmona
President