

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106860

1. Entity Name

M TRADING & INVESTMENTS, INC.

Principal Place of Business

1627 BRICKELL AVE., SUITE 2406
MIAMI FL 33131

Mailing Address

1627 BRICKELL AVE., SUITE 2406
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

MENENDEZ, FERNANDO J
1627 BRICKELL AVE., SUITE 2406
MIAMI FL 33131

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

FERNANDO J. MENENDEZ, President

DATE

11/2/00

(NOTE: Registered Agent signature required when reinstating)

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: \$550.00
After SEPTEMBER 13, 2000 Min. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MENENDEZ, FERNANDO J
1627 BRICKELL AVE., SUITE 2406
MIAMI FL 33131 ☐ Delete

TITLE
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CITY-ST-ZIP
800003496678--0
-12/12/00--01033--010
****750.00 ☐ Change ☐ Addition

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1627 BRICKELL AVE., SUITE 2406
MIAMI FL 33131 ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-00

Date

(305) 984-4519

Daytime Phone #

CP2E034 (5/00)

0043112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 7:23



DO NOT WRITE IN THIS SPACE

REINSTATEMENT
105-0984420

Applied For
Not Applicable