

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109848

1. Entity Name

AMERICAS TRADE, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90052 036 ***150.00

Principal Place of Business

1825 PONCE DE LEON BLVD.
P.M.B. 307
CORAL GABLES FL 33134-4418

Mailing Address

1825 PONCE DE LEON BLVD.
P.M.B. 307
CORAL GABLES FL 33134-4418

2. Principal Place of Business

13438 SW 131ST

Suite, Apt. #, etc.

N/A

3. Mailing Address

13438 S.W. 131ST

Suite, Apt. #, etc.

N/A

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

Zip

Country

33186

USA

Zip

Country

33186

USA

4. FEI Number 65-0970678

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, OLGA L
1825 PONCE DE LEON BLVD.
P.M.B. 307
CORAL GABLES FL 33134-4418

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.

SIGNATURE

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RESTREPO, OLGA L
1825 PONCE DE LEON BLVD. P.M.B. 307
CORAL GABLES FL 33134-4418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 13, 2001 (305) 278-0788

Date

Daytime Phone #

CR2E034 (10/00)