

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90013 036 \*\*\*150.00

**DOCUMENT # S29733**

1. Entity Name  
**BUSINESS TRADING CORP., INC.**

Principal Place of Business

**1358 NW 78 AVE  
MIAMI FL 33126  
US**

Mailing Address

**1358 NW 78 AVE  
MIAMI FL 33126  
US**

2. Principal Place of Business

**1360 N.W. 78 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1360 N.W. 78 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

4. FEI Number

**65-0243342**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SIDLOSCA, RANDALL  
1101 BRICKELL AVE  
STE 400  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

**999 PONCE DE LEON BLVD  
#550**

City

**CORRAL GABLES**

FL

Zip Code

**33134**

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, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-19-02**

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, 2002 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 **PVST** ☐ Delete  
NAME **CABRAL, RUI**  
STREET ADDRESS **1358 N.W. 78TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete  
NAME **CABRAL, RUI**  
STREET ADDRESS **1358 N.W. 78TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

**Jan 22, 02**

**(305) 593-1411**

CR2E034 (9/01)