## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S31760 **DOCUMENT #**

1. Entity Name



## **FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90305 001 \*\*\*150.00

| REACH TRADING & INVESTMENT, INC.                                      |   |   |  | 1  |   |                                   |   |
|---|---|---|--|--|---|-----------------------------------|---|
| Principal Place of Business<br>2149 NW 79 AVE<br>MIAMI FL 33122<br>US |   | Mailing Address<br>2149 NW 79 AVE<br>MIAMI FL 33122<br>US |  |  |   |                                   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  | -<br>   | //                                | <b>                                    </b> |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                       |  |  | CHECK HERE IF MAKING CHANGES                            |                                   |   |
| City & State  |   | City & State  |  |  | 4. FEI Number 65-0243691                                |                                   | oplied For<br>ot Applicable                 |
| Zip   | Country   | Zip   | Country  |  | 5. Certificate of Status Desired                        | <b>\$8.75</b> Add<br>Fee Required | fitional<br>d                               |
| 6. Name and Address of Current Registered Agent                       |   |   | Name   | 7. Name and Address of New Registered Agent Name |   |                                   |   |
| HELCER, ROBERTO<br>2149 NW 79 AVE                                     |   |   | Street   | Address (  | (P.O. Box Number is Not Acceptable)                     |                                   |   |
| MIAMI FL 33122  |   |   |  |  |   |                                   |   |
|   |   |   | City   |  | FL  | Zip Code                          | е   |
|   | named entity submits this statement fi<br>ions of registered agent.                                   | or the purpose of changing its                            | s registered office                            | or register                                      | red agent, or both, in the State of Florida. I am fa    | amiliar with,                     | and accept                                  |
| SIGNATURE .   | Signature, typed or printed name of registered agen   | t and title if applicable. (NO                            | IE: Registered Agent sign                      | nature required                                  | d when reinstating) DATE                                |                                   |   |
| Afte  | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department o |   |  |  | 9. Election Campaign Financing Trust Fund Contribution. |                                   | May Be to Fees                              |
| 10  | OFFICERS AND  | DIRECTORS   | 11.  |  | ADDITIONS/CHANGES TO OFFICERS AND                       | DIRECTORS                         | 3 IN 11                                     |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | DP<br>HELCER, ROBERTO<br>2149 NW 79 AVE<br>MIAMI FL   | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP                | .  <br>S   | ·   | ☐ Change                          | ☐ Addition                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | ¥3.*  | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       | 3  |   | Change                            | Addition                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       | مدودين و ا                                       |   | Change                            | Addition                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | Change                            | Addition                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | Change                            | ☐ Addition                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | i,  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   | ☐ Change                          | ☐ Addition                                  |

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if