

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90183 024 ***150.00

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DOCUMENT # S52211

1. Entity Name
ARGENTA TRADING & CONSULTING CORP.



Principal Place of Business
21011 JOHNSON ST
104
PEMBROKE PINES FL 33029
US

Mailing Address
21011 JOHNSON ST
104
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

3. Mailing Address

21011 JOHNSON St.

Suite, Apt. #, etc.

129

Suite, Apt. #, etc.

129

City & State

City & State

PEMBROKE PINES - FL

Zip

Country

Zip

Country

33029

US

4. FEI Number

65-0265895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, ROBERT R
21011 JOHNSON ST
104
PEMBROKE PINES FL 33100-4

Name

ORTEGA ROBERT R.R.

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

21011 JOHNSON STREET.

ste. 129

City

PEMBROKE PINES

FL

Zip Code

33029

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ORTEGA, ROBERT R.R.**
STREET ADDRESS **21011 JOHNSON ST STE#104**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition
NAME **21011 JOHNSON ST. STE.# 129**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTS** ☒ Delete
NAME **GOLDMAN ERIC N**
STREET ADDRESS **21011 JOHNSON ST STE#104**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.05.03

954.438.2720

Date

Daytime Phone #

CR2E034 (10/02)