

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90022 012 ***150.00

DOCUMENT # S70137

1. Entity Name

B & C TRADING, INC.

Principal Place of Business

Mailing Address

245 SE 1ST ST.
 STE 239
 MIAMI FL 33131
 US

245 SE 1ST ST.
 STE 239
 MIAMI FL 33131-1904
 US

2. Principal Place of Business

17500 N. Bay Rd.
 Suite, Apt. #, etc. 801
 North Miami Beach

3. Mailing Address

17500 N. Bay Rd.
 Suite, Apt. #, etc. 801
 North Miami Beach



DO NOT WRITE IN THIS SPACE

City & State
 North Miami Beach

City & State
 North Miami Beach

4. FEI Number **65-0274400**

Applied For
 Not Applicable

Zip
 33160

Country
 Doe

Zip
 33160

Country
 Doe

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

KALIK, NAUM R.
 169 E. FLAGLER ST.
 STE 1524
 N. 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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☒ Delete
 NAME **KALIK, ELIZABETH**
 STREET ADDRESS **169 E. FLAGLER ST., STE 1524**
 CITY-ST-ZIP **N MIAMI FL**

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

TITLE **PSD** ☐ Delete
 NAME **KALIK, NAUM R.**
 STREET ADDRESS **169 EAST FLAGLER STREET, SUITE 1524**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **ARI Cesar** ☐ Delete
 NAME **17500 N. Bay Rd. / M**
 STREET ADDRESS **N. Miami Beach FL**
 CITY-ST-ZIP

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 ☐ Delete
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 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, title, all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.24.00

305 933 2200