

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83218

1. Entity Name

ROUNDBOAT TRADING, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90018 012 \*\*\*150.00

0501335

Principal Place of Business

Mailing Address

22850 SW 134 AVE.  
MIAMI FL 33170

PO BOX 970622  
MIAMI FL 33197

550089

2. Principal Place of Business

22850 SW. 134 Av.

3. Mailing Address

P.O. Box 970622

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida

City & State

MIAMI, FL.

4. FEI Number

65-0291802

☒ Applied For

☐ Not Applicable

Zip

33170

Country

USA

Zip

33197

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, EUGENIO P  
17225 SW 237 AVE.  
MIAMI FL 33187

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!!! FEI 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 P ☐ Delete  
NAME GOMEZ, EUGENIO PABLO  
STREET ADDRESS 17225 SW 237TH AVENUE  
CITY-ST-ZIP MIAMI FL 33187

TITLE VP ☐ Delete  
NAME KAM, FRANCISCA  
STREET ADDRESS 17225 SW 237TH AVENUE  
CITY-ST-ZIP MIAMI FL 33187

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

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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CITY-ST-ZIP

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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, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27 / 2001 (305) 257-5299

CR2E034 (10/00)