

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90078 048 ***150.00

DOCUMENT # S83218

1. Entity Name
ROUNDBOAT TRADING, INC.

Principal Place of Business

**22850 SW 134 AVE.
 MIAMI FL 33170**

Mailing Address

**PO BOX 970622
 MIAMI FL 33197**

2. Principal Place of Business

22850 SW 134 AVE.

3. Mailing Address

PO BOX 970622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33170

Country

DADE

Zip

33197

Country

DADE

4. FEI Number

**APPLIED FOR
 65-0291802**

Applied For

Not Applicable

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]*

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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, 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 **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

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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (305) 2575299

CR2E034 (9/01)