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2001 UNIFORM BUSINESS REPORT (UBR)

JOSE

SIGNATURE

FILED Feb 26, 2001 8:00 am **DOCUMENT # V24831** 1. Entity Name **Secretary of State** SUANOR TRADING, INC. 02-26-2001 90528 010 ***150.00 Principal Place of Business Mailing Address 5534 NW 72 AVE. 5534 NW 72 AVE. MIAMI FL 33166 MIAM! FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0323415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 5534 NW 72 AVE. **MIAMI FL 33166** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE PTD ☐ Delete TITLE NAME NAME NORTES, FUENSANTA STREET ADDRESS STREET ADDRESS DALVAIAN MANZANA 23 CASA CITY-ST-ZIP CITY-ST-ZIP MENDOZA, ARGENTINA ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME SUAREZ, ELBA JOSEFA STREET ADDRESS STREET ADDRESS DALVAIAN MANZANA 23 CASA CITY-ST-ZIP CITY-ST-ZIP MENDOZA, ARGENTINA ☐ Change Addition TITLE ☐ Delete TITLE ÑAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 of 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 attach 2-19-01 (305) 887-6417