

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90072 024 ***150.00

DOCUMENT # V63506

1. Entity Name

F.A. MIAMI TRADING, INC.

Principal Place of Business

Mailing Address

1801 SW 3RD AVE
 8TH FLOOR
 MIAMI FL 33129
 US

1801 SOUTHWEST THIRD AVENUE
 8TH FLOOR
 MIAMI FL 33129-1487
 US

2. Principal Place of Business

3162 COMMODORE PLAZA

3. Mailing Address

3162 COMMODORE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3A

#3A

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0357696

Applied For

Not Applicable

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

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

JIMENEZ, ROSE G.
1801 SOUTHWEST THIRD AVENUE
8TH FLOOR
MIAMI FL 33129

Name

JIMENEZ, ROSE G.

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

3162 COMMODORE PLAZA #3A

City

MIAMI

FL

Zip Code
33133

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

Rose G. Jimenez

ROSE G. JIMENEZ

4/18/00

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 **DPT** ☐ Delete
 NAME **MEIRELES, CLETO CAMPELO**
 STREET ADDRESS **1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **3162 COMMODORE PLAZA #3A**
 STREET ADDRESS **MIAMI, FL 33133**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **PERDIGAO, MARCIO C.**
 STREET ADDRESS **1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **3162 COMMODORE PLAZA #3A**
 STREET ADDRESS **MIAMI, FL 33133**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **JIMENEZ, ROSE G.**
 STREET ADDRESS **1801 SW 3RD AVE., 8TH FLOOR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **3162 COMMODORE PLAZA #3A**
 STREET ADDRESS **MIAMI, FL 33133**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

Rose G. Jimenez

ROSE G. JIMENEZ

4/18/00

(305)448-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #