

State of Florida

Minority Business Certification

Global Trading, Inc.

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:

02/14/2024 to 02/14/2026



J. Todd Inman
Florida Department of Management Services



**Internal Services Department
Small Business Development**

111 NW 1 Street, 19th Floor
Miami, Florida 33128
T 305-375-3111
F 305-375-3160

May 20, 2021

Viraj Wikramanayake
Global Trading, Inc.
7500 NW 25 Street, Unit 12
Miami, FL 33122

Approval Date: April 6, 2021 - Small Business Enterprise - Goods & Services (SBE-G&S)
Expiration Date: April 30, 2024

Dear Viraj Wikramanayake,

Miami-Dade County Small Business Development (SBD), a division of the Internal Services Department (ISD) has completed the review of your application and attachments submitted for certification. Your firm is officially certified as a Miami-Dade County Small Business Enterprise - Goods & Services (SBE-G&S). The Small Business Enterprise (SBE) programs are governed by sections 2-8.1.1.1.1; 2-8.1.1.1.2; 2-10.4.01; 10-33.02 of Miami-Dade County's Codes.

This Small Business Enterprise - Goods & Services (SBE-G&S) certification is valid for three years provided that you submit a "Continuing Eligibility Affidavit" on or before your anniversary date, April 6, 2022. The affidavit must indicate any changes or no changes in your firm pertinent to your certification eligibility. The submittal of a "Continuing Eligibility Affidavit" annually with specific supporting documents on or before your Anniversary Date is required to maintain the three-year certification. You will be notified of this responsibility in advance of the Anniversary Date. Failure to comply with the said responsibilities may result in immediate action to decertify the firm.

If at any time there is a material change in the firm including, but not limited to, ownership, officers, director, scope of work being performed, daily operations, affiliation(s) with other businesses or the physical location of the firm, you must notify this office in writing within (30) days. Notification should include supporting documentation. You will receive timely instructions from this office as to how you should proceed, if necessary. This letter will be the only approval notification issued for the duration of your firm's three years' certification. If the firm attains graduation or becomes ineligible during the three-year certification period, you will be properly notified following an administrative process that your firm's certification has been removed pursuant to the code.

Your firm's name and tier level will be listed in the directory for all SBE certified firms, which can be accessed through Miami-Dade County's SBD website: <http://www.miamidade.gov/smallbusiness/certification-lists.asp>. The categories as listed below affords you the opportunity to bid and participate on contracts with Small Business Enterprise measures.

It is strongly recommended that you register your firm as a vendor with Miami-Dade County. To register, you may visit: <http://www.miamidade.gov/procurement/vendor-registration.asp>. Thank you for your interest in doing business with Miami-Dade County. If you have any questions or concerns, you may contact our office at 305-375-3111 or via email at sbdcert@miamidade.gov.

Sincerely,

Gary Hartfield
Director of Small Business Development

CATEGORIES: (Your firm may bid or participate on contracts only under these categories)

NIGP 20000: CLOTHING: ATHLETIC, CASUAL, DRESS, UNIFORM, WEATHER AND WORK RELATED

NIGP 20034: HOSPITAL WEAR, PROFESSIONAL

NIGP 20057: SHIRTS, DRESS AND SPORT TYPE, MEN'S

NIGP 20084: WEARING APPAREL, WORK, MEN'S AND WOMEN'S: BLUE JEANS, COVERALLS, JACKETS, OVERALLS, SHIRTS, TROUSERS, ETC.

NIGP 20085: UNIFORMS, BLENDED FABRIC

NIGP 20086: UNIFORMS, COTTON

NIGP 20087: UNIFORMS, SYNTHETIC FABRIC

NIGP 20088: UNIFORMS, WOOL AND WOOLEN BLENDS

NIGP 20119: BANDANAS, HANDKERCHIEFS, TIES, ETC.
NIGP 20130: CAPS, ALL TYPES, EXCEPT DISPOSABLE AND HOSPITAL TYPES
NIGP 20137: EMBLEMS, BRAIDS, BUTTONS, AND PATCHES FOR CAPS AND UNIFORMS, INCLUDING CHEVRONS, EPAULETTES AND SHOULDER BOARDS
NIGP 34508: CLOTHING AND BELTS, SAFETY, NOT AUTOMOTIVE, (SEE 345-79 FOR REFLECTIVE TYPE)
NIGP 34548: GLOVES, SAFETY: ELECTRICIAN'S, LINEMAN'S, ETC., INCLUDING SLEEVES
NIGP 34556: HATS AND HELMETS, SAFETY, INCLUDING FIRE HELMETS
NIGP 34564: HEAD, EAR, EYE AND FACE PROTECTION
NIGP 34572: MASKS, FILTERS, AND PARTS: DUST AND GAS
NIGP 34579: REFLECTIVE SAFETY APPAREL AND ACCESSORIES (SEE 345-08 FOR NON-REFLECTIVE TYPE)
NIGP 34580: RESPIRATORY PROTECTION EQUIPMENT AND PARTS, INCLUDING CPAP EQUIPMENT AND PARTS
NIGP 34592: VESTS, SAFETY
NIGP 68012: BELTS, CASES, HOLSTERS, SCABBARDS, ETC.
NIGP 80008: BOOTS, LEATHER
NIGP 80016: BOOTS, RUBBER
NIGP 80024: BOOTS, RUBBER, SAFETY TOE
NIGP 80040: SHOES, CASUAL, WOMEN'S AND GIRLS
NIGP 80048: SHOES, CASUAL, MEN'S AND BOYS
NIGP 80056: SHOES, DRESS, WOMEN'S AND GIRLS
NIGP 80064: SHOES, DRESS, MEN'S AND BOYS
NIGP 80070: SHOES, ORTHOPEDIC
NIGP 80072: SHOES AND BOOTS, SAFETY TOE
NIGP 80080: SHOES, RAIN
NIGP 80086: SHOES AND BOOTS, WORK, MEN'S
NIGP 80088: SHOES AND BOOTS, WORK, WOMEN'S



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Detail by Entity Name

Florida Profit Corporation
GLOBAL TRADING, INC.

Filing Information

Document Number	S93486
FEI/EIN Number	65-0300267
Date Filed	11/12/1991
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	10/12/2006
Event Effective Date	NONE

Principal Address

7500 NW 25 Street, Unit 12
Miami, FL 33122

Changed: 01/10/2018

Mailing Address

7500 NW 25 Street, Unit 12
Miami, FL 33122

Changed: 01/10/2018

Registered Agent Name & Address

WIKRAMANAYAKE, VIRAJ S
7500 NW 25 Street, Unit 12
Miami, FL 33122

Name Changed: 03/06/2001

Address Changed: 01/10/2018

Officer/Director Detail

Name & Address

Title PD

WIKRAMANAYAKE, VIRAJ SMR.
 7500 NW 25 Street, Unit 12
 Miami, FL 33122

Annual Reports

Report Year	Filed Date
2022	01/24/2022
2023	01/11/2023
2024	01/13/2024

Document Images

01/13/2024 -- ANNUAL REPORT	View image in PDF format
01/11/2023 -- ANNUAL REPORT	View image in PDF format
01/24/2022 -- ANNUAL REPORT	View image in PDF format
01/05/2021 -- ANNUAL REPORT	View image in PDF format
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01/07/2015 -- ANNUAL REPORT	View image in PDF format
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02/14/2013 -- ANNUAL REPORT	View image in PDF format
01/28/2012 -- ANNUAL REPORT	View image in PDF format
01/21/2011 -- ANNUAL REPORT	View image in PDF format
01/18/2010 -- ANNUAL REPORT	View image in PDF format
01/21/2009 -- ANNUAL REPORT	View image in PDF format
05/27/2008 -- ANNUAL REPORT	View image in PDF format
02/07/2007 -- ANNUAL REPORT	View image in PDF format
10/12/2006 -- REINSTATEMENT	View image in PDF format
01/27/2005 -- ANNUAL REPORT	View image in PDF format
04/09/2004 -- ANNUAL REPORT	View image in PDF format
01/27/2003 -- ANNUAL REPORT	View image in PDF format
07/16/2002 -- ANNUAL REPORT	View image in PDF format
03/06/2001 -- ANNUAL REPORT	View image in PDF format
01/20/2000 -- ANNUAL REPORT	View image in PDF format
12/02/1999 -- Name Change	View image in PDF format
02/24/1999 -- ANNUAL REPORT	View image in PDF format
02/18/1998 -- ANNUAL REPORT	View image in PDF format
03/05/1997 -- ANNUAL REPORT	View image in PDF format
02/07/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Excellence Insurance, a Div of Afore Insurance Services, LLC 5201 Blue Lagoon Drive # 982 Miami FL 33126		CONTACT NAME: Adriana Clavijo PHONE (A/C, No, Ext): (305) 226-3900 E-MAIL ADDRESS: clavijoa@afore.insure		FAX (A/C, No): (305) 226-3997	
INSURED Global Trading Inc 7500 NW 25th St Unit 12 Miami FL 33122-1700		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: NATIONWIDE INSURANCE COMPANY		10723	
		INSURER B: PROGRESSIVE EXPRESS INSURANCE COMPAN		10193	
		INSURER C: COVINGTON SPECIALTY INSURANCE COMPANY		13027	
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Waiver of Subrogation <input checked="" type="checkbox"/> Blanket Additional Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired Auto & Non-Owned	Y		ACPCG013049503988	10/04/2023	10/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 500.00
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Symb 1,5,7 <input checked="" type="checkbox"/> PIP \$10,000			983035265	07/02/2024	07/02/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 1,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Commercial Property-Cause Loss/ Special Replacement Cost			VBA970786 00	03/12/2024	03/12/2025	Locat (2) Ded \$1000 Coins 80% Contents Limits \$ 319,700 Business Income \$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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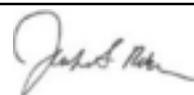
PRODUCER Risk Transfer Insurance Agency, LLC 47 E. Robinson Street Suite 200 Orlando, FL 32801	CONTACT NAME: Integrity Employee Leasing, Inc.	FAX (A/C, No):
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: certificate@integrityel.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Service American Indemnity Company		39152
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:**NC29AQA4 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	RT24MWC7300100904	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

THIS ACKNOWLEDGES THAT

GLOBAL TRADING, INC.

HAS SUCCESSFULLY COMPLETED THE VERIFICATION PROCESS OF ITS' WORKFORCE



2021

*Christina Faro-Pilliteri, SHRM-CP, PHR
Human Resources Specialist*

Signatory Name, Signatory Title



