

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 004 ***150.00

DOCUMENT # G30782

1. Entity Name

AD TRADING, CORP.

Principal Place of Business

Mailing Address

~~1410 NW 82 AVENUE~~ **2917 NW 82 AVE**
MIAMI FL 33126 — **MIAMI, FL 33122**
US

PO BOX 52-4343
MIAMI FL 33152-4343
US

00000036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2917 N.W. 82 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **59-2273576**

Applied For
 Not Applicable

Zip
33122-1037

Country

Zip

Country

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

DUARTE, MANUEL
~~1410 NW 82 AVENUE~~ **2917 N.W. 82 AVE**
~~MIAMI FL 33126~~ **MIAMI, FL 33122-1037**

Name
~~MANUEL DUARTE~~ **MANUEL DUARTE**
 Street Address (P.O. Box Number is Not Acceptable)
~~2917 N.W. 82 AVENUE~~ **2917 N.W. 82 AVENUE**
 City **MIAMI** **FL** Zip Code **33122-1037**

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 **MANUEL DUARTE**

04-14-00

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	PTSD <input type="checkbox"/> Delete
NAME	DUARTE, MANUEL
STREET ADDRESS	1410 NW 82 AVENUE 2917 NW 82 AVE
CITY-ST-ZIP	MIAMI FL 33126 MIAMI, FL 33122
TITLE	SMD <input type="checkbox"/> Delete
NAME	DUARTE, ANA
STREET ADDRESS	1410 NW 82 AVENUE 2917 NW 82 AVE
CITY-ST-ZIP	MIAMI FL 33126 MIAMI, FL 33122
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, MANUEL
STREET ADDRESS	2917 N.W. 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122-1037
TITLE	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, ANA
STREET ADDRESS	2917 N.W. 82 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122-1037
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MANUEL DUARTE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00
 Date

305-592-1930
 Daytime Phone #

CR2E034 (9/99)