

05-01-2002 91559 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117142
 1. Entity Name
TRADERPULSE, INC.

DO NOT WRITE IN THIS SPACE



01358

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2. Principal Place of Business
20125 NE 25th AVE.
 Suite, Apt. #, etc.

3. Mailing Address
20125 NE 25th AVE.
 Suite, Apt. #, etc.

City & State
N. MIAMI, FL

City & State
N. MIAMI, FL

4. FEI Number
65-1158444

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
SHADKIN, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
20125 NE 25th AVE.

City
N. MIAMI FL Zip Code
33180

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January Fee is \$150.00
 After May 1st Fee is \$550.00
 Amended UBR is \$6125
 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 NAME STREET ADDRESS CITY-ST-ZIP	D SHADKIN, MICHAEL 20125 NE 25th AVE. N. MIAMI, FL 33180
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL SHADKIN** 6-1-2002 954-418/02 346-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)