

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 005 ***550.00

0052665 AV

DOCUMENT # 229646

1. Entity Name

CADUR TRADING CORP



Principal Place of Business

**7455 NE 2ND AVE
 MIAMI FL 33138
 US**

Mailing Address

**7455 NE 2ND AVE
 MIAMI FL 33138
 US**

2. Principal Place of Business

**2201 N.W. 102 nd Place
 Suite 6**

3. Mailing Address

**2201 N.W. 102 ND Place
 Suite 6**

City & State

Miami, FL

City & State

MIami, FL

Zip

33172-2521

Country

Zip

33172-2521

Country

4. FEI Number

59-0898241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TEJEIRO, LUIS
 8600 SW 84 AVE
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstalling)

LUIS TEJEIRO

7/12/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **TEJEIRO, JOSE A**
 STREET ADDRESS **4900 SW 7TH STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **VPTS** ☐ Delete
 NAME **TEJEIRO, LUIS**
 STREET ADDRESS **8600 SW 84 AVE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8600 S.W.84 Ave.**
 CITY-ST-ZIP **MIami, FL 33143**

TITLE **VD** ☐ Delete
 NAME **Luis Padron**
 STREET ADDRESS **2405 S.W. 129 Court**
 CITY-ST-ZIP **Miami, FL 33175**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)