

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 17, 2000 08:00 AM****Secretary of State****DOCUMENT # 596032**

1. Entity Name

TRADE CREDIT CORPORATION

Principal Place of Business

P.O. BOX 558667

MIAMI  
33255

FL

Mailing Address

P.O. BOX 558667

MIAMI  
33255

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1878886**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

DOMINGUEZ, JULIO P.

7840 SW 21ST ST

MIAMI  
33155

FL

US

**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 reinstating)

**03/17/2000**

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**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SOLARES, RODOLFO	
STREET ADDRESS	6461 S.W. 11TH STREET	
CITY-ST-ZIP	WEST MIAMI	FL

TITLE	S	<input type="checkbox"/> Delete
NAME	DIAZ, EDGARDO M	
STREET ADDRESS	10435 S W 41 TERR	
CITY-ST-ZIP	MIAMI	FL

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, JULIO P.	
STREET ADDRESS	7840 SW 21ST ST	
CITY-ST-ZIP	MIAMI	FL

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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ MARIA HSD		
STREET ADDRESS	7611 SW 78 CT		
CITY-ST-ZIP	MIAMI	FL	33143

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ JULIO PPD		
STREET ADDRESS	7611 SW 78 CT.		
CITY-ST-ZIP	MIAMI	FL	33143

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: JULIO P. DOMINGUEZ

PD

03/17/2000