

# 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 FL 33255	Mailing Address P.O. BOX 558667  MIAMI FL 33255
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-1878886</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOMINGUEZ, JULIO P. 7840 SW 21ST ST  MIAMI FL 33155 US		Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_ DATE **03/17/2000**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLARES, RODOLFO <input checked="" type="checkbox"/> Delete 6461 S.W. 11TH STREET WEST MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, EDGARDO M <input type="checkbox"/> Delete 10435 S W 41 TERR MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ MARIA HSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7611 SW 78 CT MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, JULIO P. <input type="checkbox"/> Delete 7840 SW 21ST ST MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ JULIO PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7611 SW 78 CT. MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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