

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 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. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1878886

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, JULIO P.
7840 SW 21ST ST

MIAMI FL 33155 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 _____ DATE **04/03/2001**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	S		<input type="checkbox"/> Delete
NAME	DOMINGUEZ MARIA HSD		
STREET ADDRESS	7611 SW 78 CT		
CITY-ST-ZIP	MIAMI FL 33143		
TITLE	PD		<input type="checkbox"/> Delete
NAME	DOMINGUEZ JULIO PPD		
STREET ADDRESS	7611 SW 78 CT.		
CITY-ST-ZIP	MIAMI FL 33143		
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	S		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ MARIA HSD		
STREET ADDRESS	7400 SW 50 TERR # 101		
CITY-ST-ZIP	MIAMI FL 33155		
TITLE	PD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ JULIO PPD		
STREET ADDRESS	7400 SW 50 TERR # 101		
CITY-ST-ZIP	MIAMI FL 33155		
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** **04/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)