

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 697825**

Entity Name

TRADEX GROUP CORP.**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90088 041 ***150.00

Principal Place of Business	Mailing Address
BISCAYNE BLVD., SUITE 303 FL 33160	18305 BISCAYNE BLVD., SUITE 303 AVENTURA FL 33160-2172

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0067068	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**ELNECAVE, ROLAND**
210 174 ST.
N MIAMI BCH. FL 33160**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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)

DATE

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**

OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	TS ELNECAVE, SARA L 210-174 ST. MIAMI FL	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP	P ELNECAVE, ROLAND 210-174 ST. SUNNY ISLES BEACH FL	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH, LINDA 26345 EVELYN CT. FRANKLIN MI	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, ARNOLD 365 WOODRIDGE BLOOMFIELD HILLS MI	<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2000 305-933-3755

Date

Daytime Phone #

CR2E034 (9/99)