

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 002 ***150.00

DOCUMENT # F39628

1. Entity Name

FLORIDA MACHINERY TRADING CORP.

Principal Place of Business

Mailing Address

C/O THOMAS L. DAVID
 1428 BRICKELL AVE., 8TH FLOOR
 MIAMI FL 33131

C/O THOMAS L. DAVID
 1428 BRICKELL AVE., 8TH FLOOR
 MIAMI FL 33131-3438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2157777

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID, THOMAS J
1428 BRICKELL AVE., 8TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **David, Thomas L.**
 Street Address (P.O. Box Number is Not Acceptable) **SAME**
 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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARDENAL, JOSE V	
STREET ADDRESS	7705 SW 139 TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA R	
STREET ADDRESS	701 BRICKELL AVE STE 1550	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	NERET, MAURICIAO	
STREET ADDRESS	6000 RIVIERA DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JOSE V. CARDENAL** 02/03/2000 (305) 247-8711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)