

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90886 023 \*\*\*150.00

**DOCUMENT # F94000001855**

1. Entity Name

TRADEAMERICA HOLDINGS, INC.

Principal Place of Business

555 N.E. 15TH ST  
 7TH Floor, Suite 7730  
 MIAMI, FL. 33132

Mailing Address

555 N.E. 15TH ST  
 7TH Floor, Suite 7730  
 MIAMI, FL. 33132

32519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 N.E. 15TH ST  
 Suite, Apt. #, etc.  
 SUITE 7730, 7TH Floor

3. Mailing Address

555 N.E. 15TH ST  
 Suite, Apt. #, etc.  
 7TH FLR, SUITE 7730

City & State

MIAMI, FL.

City & State

MIAMI FL.

4. FEI Number

59-3150218

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTELLA, R.M.

555 N.E. 15TH STREET 7 Floor  
 SUITE 7730, MIAMI, FL. 33132

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 CP  
 NAME CONTELLA, R.M.  
 STREET ADDRESS 555 N.E. STREET 7TH Floor S7730  
 CITY-ST-ZIP MIAMI, FL. 33132

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.M. CONTELLA, PRESIDENT

Date

4-10-02

Daytime Phone #

CR2E034 (9/01)