

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06725

1. Entity Name
TRADELINK, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91155 020 ***150.00

Principal Place of Business
2600 DOUGLAS RD #902 Medley, FL 33166

Mailing Address
2600 DOUGLAS RD #902 Medley, FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7880 NW 76 Avenue

3. Mailing Address
7880 NW 76 Avenue

City & State
Medley, Florida

City & State
Medley, Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number **59-2610976**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ARAZOZA & COMAS PA
101 MADEIRA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Arazoza & Comas PA

Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street

Suite#**300**

City
Coral Gables, Florida

FL Zip Code
33134

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	GARRIDO, JORGE	2600 DOUGLAS RD #902	CORAL GABLES FL	<input type="checkbox"/>
SD	GARRIDO, LOURDES	2600 DOUGLAS RD #902	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Garrido, Jorge L.	7880 NW 76 Avenue	Medley, Florida 33166	<input checked="" type="checkbox"/>
SD	Garrido, Lourdes	7880 NW 76 Avenue	Medley, Florida 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Jorge L. Garrido **Jorge L. Garrido/President** **4/30/01**

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

CR2E034 (10/00)