

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91155 020 ***150.00

DOCUMENT # G06725

1. Entity Name
TRADELINK, INC.

Principal Place of Business 2600 DOUGLAS RD #902 SOCIAL GABLES FL 33134 7880 NW 76 Ave. Medley, Fl. 33166	Mailing Address 2600 DOUGLAS RD #902 CORAL GABLES FL 33134 7880 NW 76 Ave Medley, Fl. 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7880 NW 76 Avenue	3. Mailing Address 7880 NW 76 Avenue
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Suite, Apt. #, etc.

City & State Medley, Florida	City & State Medley, Florida
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4. FEI Number 59-2610976	Applied For <input type="checkbox"/> Not Applicable
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Zip 33166	Country USA	Zip 33166	Country USA
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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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CR2E034 (10/00)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L. Garrido/President **4/30/01**
Date Daytime Phone #