

2001 UNIFORM BUSINESS REPORT (UBR)

0010136 AF

DOCUMENT # L00000007908

1. Entity Name
INTERTRADE, L.L.C.

FILED

2001 MAY -2 PM 3:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

2. Principal Place of Business
1408 NW 82 Ave
Suite, Apt. #, etc.

3. Mailing Address
1408 NW 82 Ave
Suite, Apt. #, etc.

City & State
Miami, FLORIDA
Zip 33126 Country

City & State
Miami FLORIDA
Zip 33126 Country

4. FEI Number 65-1022484
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUEVAS, ANDREW
CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name Andrew Cuevas, Esq.
Street Address (P.O. Box Number is Not Acceptable)
536 Biltmore Way
City Coral Gables 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 Andrew Cuevas DATE 4/28/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004336393--3
-05/31/01--01075--004
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S RABINOVICH, PEDRO 1408 NW 82 Ave Miami, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/F NEBRED, NELDA 1408 NW 82 Ave Miami FL 33126	<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

10. ADDITIONS / CHANGES

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Pedro Rabinovich 4-20-2001 305-592-6873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)