

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90239 003 \*\*\*\*50.00

**DOCUMENT # L01000007443**

1. Entity Name

**A.D. TRADING, LLC**

Principal Place of Business

**DADE COMMONWEALTH BLDG.  
 139 NE 1ST ST., SUITE 405  
 MIAMI FL 33132**

Mailing Address

**DADE COMMONWEALTH BLDG.  
 139 NE 1ST ST., SUITE 405  
 MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

**AUSTRIA 1970**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7<sup>th</sup> FLOOR**

City & State

City & State

**BUENOS AIRES**

Zip

Country

Zip

Country

**1425**

**ARGENTINA**

4. FEI Number

**52-2316922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

Name

**ADRIAN ALTMAN**

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

**4504 SHERIDAN AV**

City

**MIAMI BEACH**

FL

Zip Code

**33140**

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 **ADRIAN ALTMAN**

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/12/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
 NAME **ALTMAN, ADRIAN DARIO**  
 STREET ADDRESS **AVENIDA SANTA FE 3074**  
 CITY-ST-ZIP **BUENOS AIRES ARGENTINA**

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **ALTMAN, ADRIAN DARIO**  
 STREET ADDRESS **4504 SHERIDAN AV.**  
 CITY-ST-ZIP **MIAMI BEACH (BEACH), FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**ADRIAN D. ALTMAN 04/12/02 (305) 861-7525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)