2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L96871** Sep 08, 2000 8:00 am Secretary of State 1. Entity Name SURADIX TRADERS, INC. 09-08-2000 90039 043 ***550.00 Mailing Address Principal Place of Business 7307 N.W. 79 TERRACE 14810 SW 139TH AVE. MIAMI FL 33186 MEDLEY FL 33166 2. Principal Place of Business 3. Mailing Address 151 15 45 13874 EW 138745W ISILANG Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0212482 MIDMI-MISN -Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33186 ろろしかる hisu. osor Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SS No. ERAJO-ANNEY, JAIME Street Address (P.O. Box Number is Not Acceptable) 14810 SW 139TH AVE MIAMI FL 33186 Zip Code City; FL. 1415 M .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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ERASO-SNNOVY BIVE Change TITLE Delete **ERASO-ANNEXY, JAIME** NAME 1387454 1216244 14810 S.W. 139TH AVENUE STREET ADDRESS STREET ADDRESS 415 M FL. 33186 CITY-ST-ZIP CiTY-ST-ZIP MIAM! FL n Change Change ☐ Addition **□ C**elete TITLE TITLE ERASO ELICIA ERASO, ELICIA NAME 13874 S.W 181 LANG NAME 14810 SW 139 AVENUE STREET ADDRESS STREET ADDRESS miami- FL. 33186 CITY-ST-7(P CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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