

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008982 AF

DOCUMENT # **L99000005532**

1. Entity Name  
**WORLD TRADER GROUP, L.L.C.**

Principal Place of Business  
**3200 S.W. 60TH COURT  
SUITE 302  
MIAMI FL 33155-4079**

Mailing Address  
**3200 S.W. 60TH COURT  
SUITE 302  
MIAMI FL 33155-4079**

**FILED**

**01 FEB 26 AM 8:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R  
200 SOUTH BISCAYNE BLVD., STE 2100  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

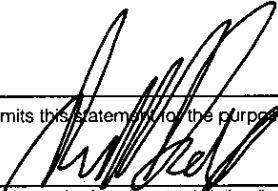
Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle, Suite 601**

**Coral Gables, FL 33134**

City **FL** Zip Code \_\_\_\_\_

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  DATE **2/22/01**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**400003783264--5  
-02/27/01--0112--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RESNICK, TREVOR 3200 S.W. 60TH COURT, STE 302 MIAMI FL 33155</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALVAREZ, LUIS 3200 S.W. 60TH COURT, STE 302 MIAMI FL 33155</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HARPAZ, ZEE 5282 PARK PLACE CIRCLE, STE 7 BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Fieldstone, Ronald R. 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Caballero, Pablo 3200 SW 60th Court, Ste 302 Miami, FL 33155</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Fieldstone, Ronald R. 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr. Caballero, Pablo 3200 SW 60th Court, Suite 302 Miami, FL 33155</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  **2/15/01 305-357-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)