

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90143 041 ***150.00

DOCUMENT # P00111

1. Entity Name
ELDORADO TRADING CORPORATION

Principal Place of Business

**1209 ORANGE ST.,
WILMINGTON DE**

Mailing Address

**1209 ORANGE ST.,
WILMINGTON DE**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2513592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CRUZ, GLORIA
7290 NW 43RD ST
MIAMI FL**

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ISAZA, LUIS FERNANDO	
STREET ADDRESS	7290 NW 43RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LASSER, MARSHALL	
STREET ADDRESS	29900 VERNON DRIVE	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRUZ, GLORIA	
STREET ADDRESS	7290 NW 43RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KARP, JOEL	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SIMMONS, IDA MAE	
STREET ADDRESS	1779 SE 25TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WINTER, JOHN	
STREET ADDRESS	1149 MERCHANDISE MARK	
CITY-ST-ZIP	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

305-593-0359

Daytime Phone #

CR2E034 (10/00)