

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP -6 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00111

1. Entity Name **ELDORADO TRADING CORPORATION**

Principal Place of Business
**1209 Orange St.
Wilmington DE 19801**

Mailing Address
**1209 Orange St.
Wilmington DE 19801**

2. Principal Place of Business
**1209 Orange St.
Suite, Apt. #, etc.**

3. Mailing Address
**7290 N.W. 43rd St.
Suite, Apt. #, etc.**

City & State
Wilmington, DE

City & State
Miami, FL 33166

4. FEI Number
592513592

Applied For
Not Applicable

Zip
19801

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Gloria Cruz
7290 N.W. 43rd St.
Miami, FL 33166**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **Luis Fernando Isaza**
CITY-ST-ZIP **7290 N.W. 43rd St.
Miami, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **Marshall Lasser**
STREET ADDRESS **29900 Vernon Dr.**
CITY-ST-ZIP **Southfield, MI**

TITLE ☐ Change ☐ Addition
NAME **500004586305**
STREET ADDRESS **-09/13/01--01006--005**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **Gloria Cruz**
CITY-ST-ZIP **7290 N.W. 43rd St.
Miami, FL 33166**

TITLE ☒ Change ☐ Addition
NAME **VP, T**
STREET ADDRESS **Gloria Cruz**
CITY-ST-ZIP **7290 N.W. 43rd St.
Miami, FL 33166**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **Joel J. Karp**
CITY-ST-ZIP **2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134**

TITLE ☒ Change ☐ Addition
NAME **D, VP, S**
STREET ADDRESS **Joel J. Karp**
CITY-ST-ZIP **2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134**

TITLE ☒ Delete
NAME **DCOS**
STREET ADDRESS **Ida Mae Simmons**
CITY-ST-ZIP **1779 S.E. 25th Ave.
Ft. Lauderdale, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DS**
STREET ADDRESS **John Winter**
CITY-ST-ZIP **1149 Merchandise Mart
Chicago, IL**

TITLE ☐ Change ☐ 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 no address, with all other like empowered.

ELDORADO TRADING CORPORATION

SIGNATURE: By: *Joel J. Karp* **Joel J. Karp, Director** 8/27/01 (305) 445-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10R2E034 (11/00)