

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000032093

1. Entity Name
SOUTH DADE TRADE ENTERPRISES CORP

Principal Place of Business: 13931 NW 27TH AVENUE
OPA LOCKA, FL 33054 US

Mailing Address: 13931 NW 27TH AVENUE
OPA LOCKA, FL 33054 US

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: **65-1090185**

5. Consideration of Status Desired: ☐ **\$5.75 Additional Fee Per Paragraph**

6. Name and Address of Current Registered Agent:
ACOSTA, LAZARO
661 EAST 46 ST
HALEAH, FL 33013

7. Name and Address of New Registered Agent:
Name: Street Address (P.O. Box Number is Not Acceptable):
City: State: 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. I am **OWNER** and accept the obligations of registered agent.

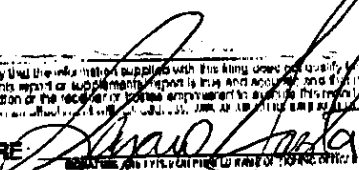
SIGNATURE:  DATE: **03/21/03**

9. Payment of Change in Franchise: ☐ **\$5.00** May Be Added to Franchise Fee

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11:

10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
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CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.0 (C)(3), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or in an attached exhibit to this filing.

SIGNATURE:  DATE: **03/21/03**

REMARKS: (SEE INSTRUCTIONS TO STATE OF FLORIDA OFFICE FOR DISCUSSION)