

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90072 037 \*\*\*150.00

**DOCUMENT # P02000027566**

1. Entity Name  
**ADT TRADING, INC.**



Principal Place of Business  
**1101 BRICKELL AVE. STE 1100  
MIAMI FL 33131**

Mailing Address  
**1101 BRICKELL AVE. STE 1100  
MIAMI FL 33131**



2. Principal Place of Business

**4700 North Hiatus Rd  
Suite, Apt. #, etc.  
255**

3. Mailing Address

**11110 W. Oakland PK Blvd  
Suite, Apt. #, etc.  
368**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Sunrise FL**

City & State  
**Sunrise FLorida.**

4. FEI Number  
**010632061**

Applied For  
☐ Not Applicable

Zip Country  
**33351 USA**

Zip Country  
**33351 USA**

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

6. Name and Address of Current Registered Agent

**MACINTER CORPORATION  
5440 N SR 7, STE 218  
FT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name **DON HARRISON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1100 SW 128th TER - U-306  
Pembroke Pines  
City FL Zip Code 33027**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and trust if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/30/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ANDREW ALLEN, NORMAN**  
STREET ADDRESS **1101 BRICKELL AVE, STE 1100**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition  
NAME **MARK Douglas, Dwight**  
STREET ADDRESS **543 N.W. 98 Ave**  
CITY-ST-ZIP **Plantation FL 33324**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-31-03**

Date

Daytime Phone #

**(954) 748-7720**

CR2E034 (10/02)