

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90653 043 \*\*\*150.00

DOCUMENT # P93000013782

1. Entity Name  
COSTRADE, INC.



Principal Place of Business

10050 N W 116 WAY  
SUITE 11  
MEDLEY FL 33178  
US

Mailing Address

10050 N W 116 WAY  
SUITE 11  
MEDLEY FL 33178  
US

2. Principal Place of Business

FREEMAN BUCZYNER & GERO

Suite, Apt. #, etc.

ONE S.E. 3RD AVE. STE. 2120

City & State

MIAMI FL

Zip

33131

Country

US

3. Mailing Address

FREEMAN BUCZYNER & GERO

Suite, Apt. #, etc.

ONE SE 3RD AVE. STE. 2120

City & State

MIAMI, FL

Zip

33131

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0389858

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCZYNER, JOSEPH  
FREEMAN BUCZYNER & GERO  
ONE SE 3RD AVE, SUITE 2120  
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DE MIZRAHI, METIN  
STREET ADDRESS 301 RACQUET CLUB RD APT.#205  
CITY-ST-ZIP WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/02)