

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019374

1. Entity Name
TRADEINEX CORP.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90125 036 ***150.00

Principal Place of Business

Mailing Address

**420 LINCOLN RD., STE 315
MIAMI BEACH FL 33139**

**400 SOUTH POINTE DRIVE
802
MIAMI BEACH FL 33139**

2. Principal Place of Business

407 LINCOLN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 6B

City & State
MIAMI BEACH, FL

City & State

4. FEI Number **65-0394480**

Applied For
Not Applicable

Zip
33139

Country

Zip

Country

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

**WILLMOTT, RICHARD
400 SOUTH PINE DRIVE #802
MIAMI BCH FL 33139**

Name **Willmott, Richard**
Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Rd.
Suite 6B
City **Miami Beach** **FL** Zip Code **33139**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/1/01**

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 **P** ☐ Delete
NAME **WILLMOTT, RICHARD J**
STREET ADDRESS **420 LINCOLN RD, SUITE 290**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Willmott, Richard**
STREET ADDRESS **407 Lincoln Rd. Suite 6B**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D** ☒ Delete
NAME **WILLMOTT, RICHARD JR**
STREET ADDRESS **420 LINCOLN RD SUITE 290**
CITY-ST-ZIP **MIAMI BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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 an address and all other like empowered.

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

DATE **4/1/01**

Daytime Phone #

CR2E034 (10/00)