

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054956

1. Entity Name

TRADEVEST, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90169 020 \*\*\*158.75

Principal Place of Business

2649 S PARK RD  
HALLANDALE FL 33009  
US

Mailing Address

1777 OAK AVE  
STE A  
DAVIS CA 95616-1074  
US

00010481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2699 South Park RD.

3. Mailing Address

2699 S. Park RD.

Suite, Apt. #, etc.

Hallandale, FL.

Suite, Apt. #, etc.

City & State

Hallandale FL

4. FEI Number

65-0427730

Applied For

Not Applicable

Zip

Country

33009 USA

Zip

Country

33009 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

MARTINS, EDUARDO B  
2649 S PARK RD  
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

2699 S. Park RD

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, 2000 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 V  
NAME EDUARDO MARTINS,  
STREET ADDRESS 1777 OAK AVE STE A  
CITY-ST-ZIP DAVIS CA 95616

☐ Delete

TITLE  
NAME  
STREET ADDRESS 2699 S. Park RD.  
CITY-ST-ZIP HALLANDALE FL 33009

☒ Change

☐ Addition

TITLE TS  
NAME MARTINS, ROBERTO  
STREET ADDRESS 2649 S PARK RD  
CITY-ST-ZIP HALLANDALE FL 33009

☒ Delete

TITLE TS  
NAME ULRICH PARR  
STREET ADDRESS 2699 S. Park RD.  
CITY-ST-ZIP HALLANDALE FL 33009

☒ Change

☒ Addition

TITLE P  
NAME MARTINS, ANDRE  
STREET ADDRESS 2649 S PARK RD  
CITY-ST-ZIP HALLANDALE FL 33009

☐ Delete

TITLE P  
NAME  
STREET ADDRESS 2699 S. Park RD.  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

530

8304-2309

Daytime Phone #

CR2E034 (9/99)