

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90410 029 ***150.00

DOCUMENT # P93000054956

1. Entity Name
TRADEVEST, INC.

Principal Place of Business

2699 S PARK RD
 HALLANDALE FL 33009
 US

Mailing Address

2699 S PARK RD
 HALLANDALE FL 33009
 US

2. Principal Place of Business

7850 NW 146th

3. Mailing Address

7850 NW 146th

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

miami Lakes, FL

City & State

miami Lakes, FL

Zip

33016

Country

U.S

Zip

33016

Country

U.S

4. FEI Number

65-0427730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTINS, EDUARDO B
2699 S PARK RD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Same (no change)**

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

7850 NW 146th, ste 501

City

miami Lakes, FL

FL

Zip Code

33016

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	EDUARDO MARTINS,	
STREET ADDRESS	2699 S. PARK RD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ULRIKE, PORR	
STREET ADDRESS	2649 S PARK RD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINS, ANDRE	
STREET ADDRESS	2699 S PARK RD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	eduardo martins	
STREET ADDRESS	7850 NW 146th, ste 501	
CITY-ST-ZIP	miami Lakes, FL 33016	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ulrike Porrr	
STREET ADDRESS	7850 NW 146th, ste 501	
CITY-ST-ZIP	miami Lakes, FL 33016	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	andre martins	
STREET ADDRESS	7850 NW 146th, ste 501	
CITY-ST-ZIP	miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (10/00)