

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90053 005 ***150.00

0167390 AV

DOCUMENT # P93000054956

1. Entity Name
TRADEVEST, INC.

Principal Place of Business
7850 NW 146 ST STE 501
MIAMI LAKES FL 33016
US

Mailing Address
7850 NW 146 ST STE 501
MIAMI LAKES FL 33016
US



2. Principal Place of Business
3970 NW 132ND STREET
 Suite, Apt. #, etc.
UNIT A

3. Mailing Address
3970 NW 132ND STREET
 Suite, Apt. #, etc.
UNIT A

DO NOT WRITE IN THIS SPACE

City & State
OPA LOCKA, FL
 Zip
33054
 Country
USA

City & State
OPA LOCKA, FL
 Zip
33054
 Country
USA

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
7850 NW 146 ST STE 501
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name
MARTINS, EDUARDO B.

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

3970 NW 132ND ST, UNIT A

City
OPA LOCKA

FL

Zip Code
33054

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

03.25.02

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, 2002 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	7850 NW 146 ST STE 501	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ULRIKE, PORR	
STREET ADDRESS	7850 NW 146 ST STE 501	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINS, ANDRE	
STREET ADDRESS	7850 NW 146 ST STE 501	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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	3970 NW 132ND ST, UNIT A	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRIKE, PORR	
STREET ADDRESS	3970 NW 132ND ST, UNIT A	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINS, ANDRE	
STREET ADDRESS	3970 NW 132ND ST, UNIT A	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
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

03.25.02 (305) 687.7959

Date

Daytime Phone #

CFR2E034 (9/01)