

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070695

1. Entity Name

DADE TRADING COMPANY

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90059 020 ***150.00

Principal Place of Business

10621 N KENDALL DRIVE
STE 220
MIAMI FL 33176
US

Mailing Address

10621 N KENDALL DRIVE
STE 220
MIAMI FL 33176-3101
US

2. Principal Place of Business

11301 SW 109 ROAD

Suite, Apt. #, etc.

UNIT A

City & State

MIAMI FL

Zip

33176

Country

DADE

3. Mailing Address

11301 SW 109 ROAD

Suite, Apt. #, etc.

UNIT A

City & State

MIAMI FL

Zip

33176

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0445170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, RICHARD M
10621 N. KENDALL DR
SUITE 220
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

11301 SW 109 ROAD UNIT A

City

MIAMI

FL

Zip Code

33176

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

MARTIN, RICHARD

10621 N. KENDALL DR. SUITE 220

MIAMI FL 33176

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

11301 SW 109 ROAD UNIT A

MIAMI FL 33176

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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TITLE

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CITY-ST-ZIP

☐ Change

☐ Addition

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

DATE

Daytime Phone #

4/4/00 305-271-2635

CR2E034 (9/99)