FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL 26 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
TradeReps Marketing Group, Inc.

593 000087516

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Ft. Lauderdale, FL	Same.
Suite, Apt. #, etc.: 500 NE 19 Street	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33305 Country: Broward	Zip / Country

4. FEI Number: 65-0456980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yumna Friedrichs

Street Address (P.O. Box Number is Not Acceptable): 500 NE 19 Street

Wilton Manors

City: Wilton Manors FL Zip Code: 33305

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: Yumna Friedrichs Yumna Friedrichs May 1, 2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Samir Kaluf - President 500 NE 19 Street Wilton Manors, FL 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yumna Friedrichs - V.P. 500 NE 19 Street Wilton Manors, FL 33305
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Samir Kaluf May 1, 2002 (954)630-9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 7/26/02