

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90082 012 ***150.00

DOCUMENT # P95000004440

1. Entity Name
PRODEX TRADING CORP.



Principal Place of Business
9300 NW 25 ST
109
MIAMI FL 33172

Mailing Address
9300 NW 25 ST
109
MIAMI FL 33172



2. Principal Place of Business
15251 SW 50 ST.

3. Mailing Address
15251 SW 50 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 65-0547976

Applied For
Not Applicable

Zip 33027

Country

Zip 33027

Country

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

6. Name and Address of Current Registered Agent

MARQUES, JOSE H
9300 NW 25 ST, SUITE 109
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

15251 SW 50 ST

City MIAMI

FL

Zip Code 33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

01/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MARQUES, JOSE H	
STREET ADDRESS	9300 NW 25 STREET STE 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAILACHE, MARCO A	
STREET ADDRESS	9300 NW 25 STREET STE 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARQUES, JOSE H	
STREET ADDRESS	9300 NW 25 ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARQUES, JOSE H	
STREET ADDRESS	9300 NW 25 ST SUITE 109	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15251 SW 50 ST.	
CITY-ST-ZIP	MIAMI FL 33027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/13/03 (954) 392-7589

CR2E034 (10/02)