

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017741

1. Entity Name

EXIM TRADERS, INC.

Principal Place of Business	Mailing Address
1717 N. Bayshore Drive #3256 Miami, FL 33152	1717 N. Bayshore Drive #3256 Miami, FL 33152

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0561106** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Ave.
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name
Dee Anne Treadway
Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Drive
#3256
City **Miami** FL Zip Code **33152**

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

Dee Anne Treadway

09/24/01

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	D	<input type="checkbox"/> Delete
NAME	Treadway, Dee Anne	
STREET ADDRESS	1717 N. Bayshore Drive #3256	
CITY - ST - ZIP	Miami, FL 33152	
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
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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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:

Dee Anne Treadway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/01 305 538 3443

Date

Daytime Phone #

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Mary E. Prados, C.P.A., P.A.



September 24, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MIAMI MID-CENTURY, INC. / Application & Check Lost by Post Office
P00000061626

Dear Sir:

As of today Check # 2720 sent on April 29, 2001, payable to Department of State has not clear our bank and it is outstanding. We have also checked with your office today & you have not received the renewal form & the mentioned check. We believe that check & application were lost in the mail by the Post Office. We kindly request for you at this time to please process our new Application for renewal and our new check enclosed herewith. Stop payment has been issued for lost check.

Please contact me at (305) 538-3443

Best regards,



Mary E. Prados

[Faint, illegible text, likely a carbon copy or bleed-through from the reverse side of the page]