

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033330

1. Entity Name

INVESTRADE INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90029 025 ***150.00

Principal Place of Business

1221 BRICKELL AVENUE
SUITE 1880
MIAMI FL 33131-3259
US

Mailing Address

1221 BRICKELL AVENUE
SUITE 1880
MIAMI FL 33131-3259
US

2. Principal Place of Business

2007 NW 84th AVE

3. Mailing Address

2007 NW 84th AVE

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

City & State

MIAMI FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0576065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ-MICHAEL
2665 S BAYSHORE DR
SUITE 902
MIAMI FL 33133

Name

Carlos Taboada

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

2007 NW 84th Ave

City

MIAMI

FL

Zip Code 33122

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]

CARLOS TABOADA

01/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TABOADA, CARLOS
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1880
CITY-ST-ZIP MIAMI FL 33131-3259

TITLE P ☒ Change ☐ Addition
NAME TABOADA, CARLOS
STREET ADDRESS 2007 NW 84th AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE VP ☐ Delete
NAME ARAUJO, CARLOS T
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1880
CITY-ST-ZIP MIAMI FL 33131-3259

TITLE VP ☒ Change ☐ Addition
NAME ARAUJO, CARLOS T.
STREET ADDRESS 2007 NW 84th AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

CARLOS TABOADA

01/25/00 / 305/467-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)