

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000039659**1. Entity Name
TRADER'S CORPORATION WORLD WIDE LINK, INC.

Principal Place of Business

5454 HOFFNER AVE
SUITE 101
ORLANDO
32812

FL

Mailing Address

5454 HOFFNER AVE
SUITE 101
ORLANDO
32812

FL

2. Principal Place of Business

1516 EAST COLONIAL DRIVE

3. Mailing Address

1516 EAST COLONIAL DRIVE

Suite, Apt. #, etc.
SUITE 202Suite, Apt. #, etc.
SUITE 202City & State
ORLANDO

FL

City & State
ORLANDO

FL

Zip
32803

Country

Zip
32803

Country

4. FEI Number

52-2214957

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ HERIBERTO C
5454 HOFFNER AVE
SUITE 101
ORLANDO
32812

FL

7. Name and Address of New Registered Agent

Name

PEREZ VALDES HERIBERTO C.E.O

Street Address (P.O. Box Number is Not Acceptable)
1516 EAST COLONIAL DRIVE

SUITE 202

City
ORLANDO

FL

Zip Code
32803

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 **HERIBERTO PEREZ VALDES**

02/22/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVST	<input type="checkbox"/> Delete
NAME	PEREZ HERIBERTO C	
STREET ADDRESS	5454 HOFFNER AVE., 101	
CITY-ST-ZIP	ORLANDO FL 32812	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ MANUEL I	
STREET ADDRESS	1516 EAST COLONIAL DRIVE SUITE 202	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ VALDES HERIBERTO	
STREET ADDRESS	1516 EAST COLONIAL DRIVE SUITE 202	
CITY-ST-ZIP	ORLANDO FL 32803	
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		
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		

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: **HERIBERTO PEREZ VALDES**

PSTD

02/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)