

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067435

1. Entity Name

ALLTRADER BUSINESS SERVICE CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90109 015 ***158.75

Principal Place of Business

3200 COLLINS AVE
#67
MIAMI BEACH FL 33140
US

Mailing Address

3200 COLLINS AVE
#67
MIAMI BEACH FL 33140
US

2. Principal Place of Business

210 174TH STREET

Suite, Apt. #, etc.

1609

3. Mailing Address

210 174TH STREET

Suite, Apt. #, etc.

1609

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

65-0772847

Applied For

Not Applicable

Zip

33160

Country

US

Zip

33160

Country

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EDUARDO
3200 COLLINS AVE
#67
MIAMI BEACH FL 33140

→ CHANGE OF ADDRESS

7. Name and Address of New Registered Agent

Name

PEREZ-ORIVE, EDUARDO

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

210 174TH STREET # 1609

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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]

EDUARDO PEREZ-ORIVE / DIRECTOR

04/11/01

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 ☐ Delete
NAME D
STREET ADDRESS PEREZ, EDUARDO
CITY-ST-ZIP 3200 COLLINS AVE STE #67
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME D
STREET ADDRESS PEREYRA, MARIA M
CITY-ST-ZIP 3200 COLLINS AVE STE #67
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME PEREZ-ORIVE EDUARDO
STREET ADDRESS 210 174TH STREET # 1609
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE D ☒ Change ☐ Addition
NAME PEREYRA, MARIA M
STREET ADDRESS 210 174TH STREET # 1609
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO PEREZ-ORIVE

04/11/01

Date

305 799 3218

Daytime Phone #

CR2E034 (10/00)