

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2001 90109 015 ***158.75

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DOCUMENT # P97000067435

1. Entity Name
ALLTRADER BUSINESS SERVICE CORP.

Principal Place of Business 3200 COLLINS AVE #67 MIAMI BEACH FL 33140 US	Mailing Address 3200 COLLINS AVE #67 MIAMI BEACH FL 33140 US
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2. Principal Place of Business 210 174TH STREET	3. Mailing Address 210 174TH STREET
Suite, Apt. #, etc. # 1609	Suite, Apt. #, etc. # 1609



DO NOT WRITE IN THIS SPACE

City & State SUNNY ISLES BEACH FL	City & State SUNNY ISLES BEACH, FL	4. FEI Number 65-0772847	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country US	Zip 33160	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent PEREZ, EDUARDO 3200 COLLINS AVE #67 MIAMI BEACH FL 33140	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
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→ CHANGE OF ADDRESS

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 **EDUARDO PEREZ-OLIVE / DIRECTOR** DATE **04/11/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, EDUARDO 3200 COLLINS AVE STE #67 MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-OLIVE EDUARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 174TH STREET # 1609 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREYRA, MARIA M 3200 COLLINS AVE STE #67 MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEREYRA, MARIA M 210 174TH STREET # 1609 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EDUARDO PEREZ-OLIVE** DATE **04/11/01** DAYTIME PHONE # **305 799 3218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)