

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087884

1. Entity Name
B.D. TRADING, INC.

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

05-02-2000 90065 040 ***150.00

Principal Place of Business
257 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address
257 MIRACLE MILE
CORAL GABLES FL 33134-5907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10150 S.W. 88 ST.

3. Mailing Address
10150 S.W. 88 ST.

Suite, Apt. #, etc.
UNIT 101

Suite, Apt. #, etc.
UNIT 101

City & State
MIAMI-FL

City & State
MIAMI-FL

4. FEI Number 65-0803446

Applied For
Not Applicable

Zip 33176 Country U.S.A.

Zip 33176 Country U.S.A.

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

6. Name and Address of Current Registered Agent
DE ANGELIS, LEONARDO
257 MIRACLE MILE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
(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) ☒

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARAKAT, HASSAN	
STREET ADDRESS	257 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUARTE, HEIDY M	
STREET ADDRESS	257 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAKAT, HASSAN	
STREET ADDRESS	10150 S.W. 88 STREET UNIT 101	
CITY-ST-ZIP	MIAMI-FL 33176	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, HEIDY M.	
STREET ADDRESS	10150 S.W. 88 STREET UNIT 101	
CITY-ST-ZIP	MIAMI-FL 33176	
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: HEIDY M. DUARTE 4-20-00
Date Daytime Phone #

CR2E034 (9/99)