

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90993 023 \*\*\*150.00

DOCUMENT # **P97000107229**

1. Entity Name **TRADE RIGHT CORP.**  
**2300 N. Federal Highway**  
**BOCA RATON FL 33431**

Principal Place of Business Mailing Address

**2300 N. Federal Hwy**  
**BOCA RATON FL 33431**

**00059143**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0806165**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Arnold Bramnick**  
**2300 N. Federal Highway**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **EDUARDO EVANGELISTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2300 N Federal Highway**  
 City **Boca Raton** FL Zip Code **33431**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/01**

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	Chairman	<input type="checkbox"/> Delete
NAME	Paul Gregory	
STREET ADDRESS	2300 N Federal Hwy	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Jyesh Patel	
STREET ADDRESS	2424 N Federal Hwy 350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	President	<input type="checkbox"/> Delete
NAME	Tore Perich	
STREET ADDRESS	2300 N. Federal Hwy	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Carl Bassner	
STREET ADDRESS	2424 N. Federal Hwy 350	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	EDUARDO EVANGELISTA	
STREET ADDRESS	2300 N Federal Hwy	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)