2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P98000034465 1. Entity Name TRADE UNIVERSAL, CORP. 01-26-2001 90123 034 ***150.00 Principal Place of Business Mailing Address 4210 NW 35 COURT 4210 NW 35 COURT MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0870895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORADO, PEDRO Street Address (P.O. Box Number is Not Acceptable) 4210 NW 35 COURT **MIAMI FL 33142** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** TITLE ☐ Delete TITLE Change ☐ Addition CORADO, PEDRO NAME NAME 15906 SW 17 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAVIE FL 33326 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition CORADO, PEDRO NAME NAME 15906 SW 17 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33326 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR