

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90012 043 \*\*\*150.00

DOCUMENT # P98000050013

1. Entity Name  
**TRADING INVESTORS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462	Mailing Address 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33436-8566
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2. Principal Place of Business 6345 PINESTEAD DR. APT 1126 Suite, Apt. #, etc.	3. Mailing Address 6345 PINESTEAD DRIVE Suite, Apt. #, etc. Apt. # 1126
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City & State Lake Worth FL	City & State Lake Worth FL	4. FEI Number 65-0840700	Applied For <input type="checkbox"/> Not Applicable
Zip 33463-7116	Country P.B.	Zip 33463-7116	Country Palm Beach

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent MORALES, LUIS C 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462	7. Name and Address of New Registered Agent Name: Morales, Luis C. Street Address (P.O. Box Number is Not Acceptable): 6345 PINESTEAD DRIVE APT #1126 City: Lake Worth FL Zip Code: 33463
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8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DATE: 4-20-00

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)

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORALES, LUIS C 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462 <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	V BOHORQUEZ, SONIA A 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462 <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	S SANABRIA, GLADYS 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462 <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
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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: DATE: 4-20-00 DAYTIME PHONE #: 254-3531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)