## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P9800050013 TRADING INVESTORS, INC. 05-02-2000 90012 043 \*\*\*150.00 Principal Place of Business Mailing Address 7074 CHESAPEAKE CIRCLE 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33436-8566 **BOYNTON BEACH FL 33462** 2. Principal\_Place of Business tead brue 6345 Pinestead Aprt 1126 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0840700 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent MORALES, LUIS C is Not Acceptable) Street Address (P.O. Box Number 7074 CHESAPEAKE CIRCLE BOYNTON BEACH FL 33462 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pre red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE TITLE MORALES, LUIS C NAME STREET ADDRESS 7074 CHESAPEAKE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** TITLE Change Change ☐ Addition Delete TITLE NAME BOHORQUEZ, SONIA A NAME STREET ADDRESS STREET ADDRESS 7074 CHESAPEAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** ☐ Addition TITLE □ Delete NAME Sanabria, Gladys STREET ADDRESS STREET ADDRESS 7074 CHESAPEAKE CIRCLE CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33462** ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director whered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information indicated on this report or supof the corporation or the rec changed, or on an attachn luis c: Morme SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR