

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90028 040 ***150.00

DOCUMENT # P98000103577

1. Entity Name

AMERITRADERS, INC.

Principal Place of Business

2200 CYPRESS BEND DR #404
POMPANO BEACH FL 33069

Mailing Address

2200 CYPRESS BEND DR #404
POMPANO BEACH FL 33069-4427

2. Principal Place of Business

3. Mailing Address

Suite, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0911587

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINCON, JUAN
2200 CYPRESS BEND DR #404
POMPANO BEACH FL 33069

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	CARDENAS, SAUL	
STREET ADDRESS	1847 RUNNER WAY	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RINCON, JUAN	
STREET ADDRESS	2200 CYPRESS BEND DR #404	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RINCON, PABLO	
STREET ADDRESS	2200 CYPRESS BEND DR #404	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, MARIANNE	
STREET ADDRESS	2200 Cypress Bend DR. #606	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDENAS SAUL	
STREET ADDRESS	1847 RUNNER WAY	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D/M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quintero, Antonio	
STREET ADDRESS	130 Palm Desert Lane	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rincon, Juan	
STREET ADDRESS	2200 Cypress Bend DR. #404	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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 #

03 15 00 954 973 8046