

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90150 045 \*\*\*150.00

DOCUMENT # P99000019413

1. Entity Name  
RED HOT TRENDS, INC.



Principal Place of Business  
7911 NW 72 AVENUE  
SUITE 106  
MIAMI FL 33166

Mailing Address  
7911 NORTHWEST 72ND AVENUE  
SUITE 106  
MIAMI FL 33166

11012705



2. Principal Place of Business  
7911 NW 72 AVE

3. Mailing Address  
7911 NW 72 AVE

Suite, Apt. #, etc.  
SUITE 107

Suite, Apt. #, etc.  
SUITE 107

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33166 USA

Zip Country  
33166 USA

4. FEI Number 65-0938224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

ALLISTER, JOHN A  
7911 NW 72 AVE  
MIAMI FL 33166

## 7. Name and Address of New Registered Agent

Name McALLISTER, JOHN A  
Street Address (P.O. Box Number is Not Acceptable) 7911 NW 72 AVE SUITE 107  
City MIAMI FL Zip Code 33166

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCALLISTER, JOHN A	
STREET ADDRESS	7911 NW 72ND AVENUE, #106	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAMORA, CATHERINE L	
STREET ADDRESS	7911 NORTHWEST 72ND AVENUE, #106	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAMORA, ALBERT F	
STREET ADDRESS	7911 NORTHWEST 72 AVENUE, #106	
CITY-ST-ZIP	MIAMI FL 33166	
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

305) 888-6951

Date Daytime Phone #

CR2E034 (10/02)