

2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90093-020-\$150.00-\$150.00

DOCUMENT # **P99000025587**

1. Entity Name

E TRADING COMMUNITIES, INC.

FILED

00 MAR 16 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00008681



DO NOT WRITE IN THIS SPACE

Principal Place of Business 197 LEUCADENDRA DRIVE CORAL GABLES FL 33156	Mailing Address 197 LEUCADENDRA DRIVE CORAL GABLES FL 33156-2370
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2. Principal Place of Business 2121 PONCE DE LEON BLVD.	3. Mailing Address 2121 PONCE DE LEON
Suite, Apt. #, etc. 1220	Suite, Apt. #, etc. 1220

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For
Zip 33134	Country USA	Zip 33134	Country USA

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

6. Name and Address of Current Registered Agent
VELAZQUEZ, PAOLA
197 LEUCADENDRA DRIVE
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent
Name **RODOLFO TANCREDI**
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
SUITE 1220
City **CORAL GABLES** FL **33134**

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 **RODOLFO TANCREDI** 1/18/00
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	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME VELZQUEZ, PAOLA	
STREET ADDRESS 197 LEUCADENDRA DRIVE	
CITY-ST-ZIP CORAL GABLES FL 33156	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR / PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAFAEL URBINA Q.	
STREET ADDRESS 2121 PONCE DE LEON BLVD. #12	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODOLFO TANCREDI	
STREET ADDRESS 2121 PONCE DE LEON BLVD.	
CITY-ST-ZIP #1220 CORAL GABLES, FL 33134	
TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARACELI SANTANA	
STREET ADDRESS 2121 PONCE DE LEON BLVD. #12	
CITY-ST-ZIP CORAL GABLES, FL 33134	
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 an other title empowered.

SIGNATURE: **RAFAEL URBINA Q.** 1/18/00 305-476-2979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP