

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027268

1. Entity Name

DAT TRADING, INC.

Principal Place of Business

4960 S.W. 72ND AVE., SUITE 301
MIAMI FL 33155

Mailing Address

4960 S.W. 72ND AVE., SUITE 301
MIAMI FL 33155

2. Principal Place of Business (ENTIRELY)

2790 N.W. 104th COURT

3. Mailing Address

2790 N.W. 104 COURT

Suite, Apt. #, etc.

SUITE # 100

Suite, Apt. #, etc.

SUITE # 100

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

6. Name and Address of Current Registered Agent

MORDECAI EDWARDS, DEBORAH
2906 DOUGLAS ROAD, SUITE 201
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS FFRENCH, TREVOR
CITY-ST-ZIP 13534 SW 111 TERR
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS TALBOT, LASSELVE
CITY-ST-ZIP 1615 NE 142ND ST
MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME ARTHUR BROWN
STREET ADDRESS 2790 N.W. 104th COURT, #100
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

TREVOR A. FFRENCH

9/17/2001

Date

305-530-9669

Daytime Phone #

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90131 033 ***150.00



DO NOT WRITE IN THIS SPACE