

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90110 006 \*\*\*150.00

**DOCUMENT # P99000027268**

1. Entity Name  
**DAT TRADING, INC.**

Principal Place of Business

**2790 NW 104 COURT  
 SUITE #100  
 MIAMI FL 33172**

Mailing Address

**2790 NW 104 COURT  
 SUITE #100  
 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15031 S.W. 143<sup>RD</sup> ST**

3. Mailing Address

**15031 S.W. 143<sup>RD</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA A**

City & State

**MIAMI, FLORIDA A**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33196**

Country

**U.S.A**

Zip

**33196**

Country

**U.S.A**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FFRENCH, TREVOR</b>	
STREET ADDRESS	<b>13534 SW 111 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TALBOT, LASSELVE</b>	
STREET ADDRESS	<b>1615 NE 142ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33181</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERN, ARTHUR</b>	
STREET ADDRESS	<b>2790 NW 104 COURT #100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FFRENCH, TREVOR</b>	
STREET ADDRESS	<b>15031 S.W. 143<sup>RD</sup> ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
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		
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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:

**TREVOR A. FRENCH**

**2/29/2002**

**786-242-776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)