

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90113 001 \*\*\*150.00

DOCUMENT # P99000030954

Entity Name  
MIAMI TRADE CENTER, INC.



Principal Place of Business  
7290 NW 54 ST. 4183 W. Hallandale  
MIAMI FL 33168 Hollywood FL 33023  
Mailing Address  
11534 N.W. 4 MANOR 15 N.W 204 ST #10  
CORAL SPRINGS FL 33071 MIAMI FL 33169

2. Principal Place of Business  
4183 W. Hallandale, Suite, Apt. #, etc.  
3. Mailing Address  
15 N.W 204 ST #10 Suite, Apt. #, etc.  
#10

City & State  
Hollywood, FL  
City & State  
Miami, FL  
Zip  
33023  
Country  
Broward  
Zip  
33169  
Country

4. FEI Number 65-0992790 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ZOLGHADR, IRAJ  
12 NE 204TH ST #J-22 15 N.W 204 ST #10  
MIAMI FL 33179 MIAMI FL 33169

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable) only address changed  
15 N.W 204 ST #10  
City Miami FL Zip Code 33169

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 obligations of registered agent.

SIGNATURE: [Signature] (RAJ) Zolghadr 4-11-03  
Signature, typed or printed name of registered agent and type of agent (NOTE: Registered Agent Signature required when installing) DATE

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                      | V                      | <input checked="" type="checkbox"/> Delete | TITLE                                                 |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZOLGHADR, IRAJ         | only address to                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             | 12 NE 204TH ST #J-22   |                                            | STREET ADDRESS                                        | 15 N.W 204 ST #10 |                                                                              |
| CITY-ST-ZIP                | MIAMI FL 33179         |                                            | CITY-ST-ZIP                                           | MIAMI FL 33169    |                                                                              |
| TITLE                      | ST                     | <input type="checkbox"/> Delete            | TITLE                                                 |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ZOLGHADR, ESFANDIAR    |                                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             | 11534 N.W. 4 MANOR     |                                            | STREET ADDRESS                                        |                   |                                                                              |
| CITY-ST-ZIP                | CORAL SPRINGS FL 33071 |                                            | CITY-ST-ZIP                                           |                   |                                                                              |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE                                                 |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             |                        |                                            | STREET ADDRESS                                        |                   |                                                                              |
| CITY-ST-ZIP                |                        |                                            | CITY-ST-ZIP                                           |                   |                                                                              |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE                                                 |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             |                        |                                            | STREET ADDRESS                                        |                   |                                                                              |
| CITY-ST-ZIP                |                        |                                            | CITY-ST-ZIP                                           |                   |                                                                              |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE                                                 |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             |                        |                                            | STREET ADDRESS                                        |                   |                                                                              |
| CITY-ST-ZIP                |                        |                                            | CITY-ST-ZIP                                           |                   |                                                                              |
| TITLE                      |                        | <input type="checkbox"/> Delete            | TITLE                                                 |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                            | NAME                                                  |                   |                                                                              |
| STREET ADDRESS             |                        |                                            | STREET ADDRESS                                        |                   |                                                                              |
| CITY-ST-ZIP                |                        |                                            | 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] (RAJ) Zolghadr 4-11-03 786-290-842  
Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)