

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049022

1. Entity Name

TEKTRADE, INC.

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90396 041 \*\*\*158.75

Principal Place of Business

750 N.E. 64TH ST., STE. B-501  
MIAMI FL 33138

Mailing Address

750 N.E. 64TH ST., STE. B-501  
MIAMI FL 33141-4344

2. Principal Place of Business

8180 GENEVUE CT

3. Mailing Address

8180 GENEVUE CT

Suite, Apt. #, etc.

#526

Suite, Apt. #, etc.

#526

City & State

Miami Springs

City & State

Miami Springs

Zip

33166

Country

FL

Zip

33166

Country

FL

6. Name and Address of Current Registered Agent

ESSUCY, ESTHER VANIA  
750 N.E. 64TH ST., STE. B-501  
MIAMI FL 33138

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

*Esther Vania Essucy*

(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	PSD	<input type="checkbox"/> Delete
NAME	ESSUCY, ESTHER VANIA	
STREET ADDRESS	750 N.E. 64TH ST., STE. B-501	
CITY-ST-ZIP	MIAMI FL 33138	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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 667, 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

Date

Daytime Phone #

JUNE 11, 2002

TO  
Department of State  
of Florida

We have a conversation with a agent  
from your department and he recommends  
to mail this letter for your consideration  
We moved since the beginning, because  
a problem economic with Brazil and  
be out of business know we started some  
but we do not about the annual  
Report; I call and explain and  
recommended to explain, in order to  
get the fee of \$150.00. I promise