FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2001 8:00 am Secretary of State DOCUMENT # **P99000056376** E-TRADERS, INC. 05-01-2001 90077 042 \*\*\*150.00 Principal Place of Business Mailing Address 2307 DOUGLAS RD..STE.400 2307 DOUGLAS RD..STE.400 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0927592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVIES, IDA C Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS RD., STE. 400 MIAMI FL 33145 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE TITLE ☐ Delete NAME NAME **BOUZA, ROBERTO** 4811 NW TANKE #3 MIANI FLA 33166\* STREET ADDRESS STREET ADDRESS 2307 DOUGLAS RD., STE. 400 CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL 33145 ☐ Addition ☐ Delete TITLE TITLE NAME NAME **BORRAJO, FERNANDO** 4811 NW 79 AVE #3 STREET ADDRESS STREET ADDRESS 2307 DOUGLAS RD., STE. 400 CITY-ST-ZIE CITY-ST-ZIP **MIAML FL 33145** ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

(305) 594-9400

Daytime Phone #