2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINT

DIMME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000058545 1. Entity Name					FILED Apr 04, 2000 8:00 am		
MALLARD TRADING, INC.					Secreta	ary of Sta	ate
Principal Place	e of Business	Mailing Address			01012000	20010 030 130	,.00
100 N. BISCAYNE BLVD., STE. 2608 MIAMI FL 33132		100 N. BISCAYNE BLVD., STE. 2608 MIAMI FL 33132-2306					
					? - 1 Hanger (1 hin 1 hin i hine roen aand	Marier Mariae Arrae harae Arrae Arrae	18 1 1 111 (86)
2. Principal P	lace of Business	3. Mailing Address					
1200 N.W. 78th Avenue		1200 N.W. 78th Avenue				EATH GEINI GIINL IGINI AIINI ATI	MAE MIN 1001
Suite, Apt. #, etc. 213		Suite, Apt. #, etc. 213			DO NOT WRIT	TE IN THIS SPACE	
City & State		City & State		4. F	El Number	X A	oplied For
Miami, Florida		Miami, Florida					ot Applicable
^{Zip} 33126	Country USA	Zip 33126	Country USA	5. C	Certificate of Status Desired	S8.75 Add Fee Require	
33123	6. Name and Address of Current F				lame and Address of New R	egistered Agent	
Name Leopoldo Sanabria							
BERNSTEIN, JEFFREY A 100 N. BISCAYNE BLVD., STE. 2608 MIAMI FL 33132			Street Ad	reet Address (P.O. Box Number is Not Acceptable) 1200 N.W.78th Avenue			
MAN	11 FL 33132			ite 213			
/ , 1 // /			City Mi.	ami		FL Zip Cod 331	le 26
8. The above	named entity submits this statement to	the purpose of changing its re	egistered office or	registered age			
SIGNATURE .	Signature, typed or printed nemy of registery agent at	nd title if applicable (NOTE: F	Registered Agent signatu	re required when rei	March 24	DATE	
			FEE IS \$150.0 Fee will be \$5 to Department	50.00	10. Election Campaign Fin Trust Fund Contribution		O May Be d to Fees
11.	OFFICERS AND (DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D XX Delete		TITLE	D		X Change	☐ Addition
NAME VAZQUEZ, ROBERT STREET ADDRESS 100 N. BISCAYNE BLVD., STE. 2608		ana	NAME STREET ADDRESS		BRIA, LEOPOLDO	mr 919	
CITY-ST-ZIP MIAMI FL 33132		000	CITY-ST-ZIP) N.W. 78 AVE. S MI. FL 33126	TE, 213	1
TITLE		☐ Delete	TITLE			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
NAME STREET ADDRESS		1	STREET ADDRESS				ľ
CITY-ST-ZIP			CITY-ST-ZIP				
13. I hereby o	certify that the information supplied with	this filing gloes but quality for to	he exemption state	ed in Section	119.07(3)(i), Florida Statutes.	I further certify that the i	information r or director
of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	wered to execute the report as vith all other like embowered.	s required by Cha	pter 607, Florid	da Statutes; and that my nam	e appears in Block 11 o	or Block 12 if

March 24, 2000

(305) 825-5312