

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073437

1. Entity Name

ELECTRONICS DIRECT TRADING, CORP.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90107 034 ***150.00

Principal Place of Business

6991 NW 50TH STREET
MIAMI FL 33166

Mailing Address

6991 NW 50TH STREET
MIAMI FL 33166

2. Principal Place of Business

8455 NW 68 ST.

3. Mailing Address

8455 NW 68 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0945215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, KETTY

6991 NW 50TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name RAMIREZ, KETTY

Street Address (P.O. Box Number is Not Acceptable)
8455 NW 68 ST.

City MIAMI

FL

Zip Code 33166

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

4/2/01

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, 2001 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 PST
NAME RAMIREZ, KETTY ☐ Delete
STREET ADDRESS 6991 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE VPD
NAME RAMIREZ, KETTY ☐ Delete
STREET ADDRESS 6991 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME RAMIREZ, KETTY ☐ Change ☐ Addition
STREET ADDRESS 8455 NW 68 ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE VPD
NAME RAMIREZ, KETTY ☐ Change ☐ Addition
STREET ADDRESS 8455 NW 68 ST.
CITY-ST-ZIP MIA FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 1305-470-800

CR2E034 (10/00)

020616