

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P99000080657

1. Entity Name

TRADE EXIM, CORP.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90022 019 \*\*\*150.00

Principal Place of Business

Mailing Address

8678 NW 58 STREET  
MIAMI FL 33166

8678 NW 58 STREET  
MIAMI FL 33166-3306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0947319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, CHARLES A CPA  
1571 BIRD ROAD  
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSQUERA, CARLOS EDUARDO CONDARCO 5050 DEPT. 2 CAPITAL FEDERAL AR	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENENDEZ, CHARLES 1571 BIRD ROAD CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information  
indicated on this report or supplied  
of the corporation or the receiver  
changed, or on an attachment

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
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  
authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if  
I am, with, or like empowered.

SIGNATURE:

*[Signature]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28/00

Date

(305) 717-508

Daytime Phone #

CR2E034 (9/99)