

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094668

1. Entity Name  
**FREE TRADE.NET, INC.**

Principal Place of Business  
**16600 SW 77TH AVE  
MIAMI FL 33157**

Mailing Address  
**16600 SW 77TH AVE  
MIAMI FL 33157**



2. Principal Place of Business  
**16600 SW 77TH AVE**  
Suite, Apt. #, etc.  
**1260**

3. Mailing Address  
**16600 SW 77TH AVE**  
Suite, Apt. #, etc.  
**STE 1260**

City & State:  
**MIAMI, FLORIDA**  
Zip  
**33157**  
Country  
**U.S.A.**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33157**  
Country  
**U.S.A.**

4. FEI Number **65-0958098**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DURANT, HECTOR M  
10740 LENOX ROAD  
COOPER CITY FL 33026**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT 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**  
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 NAME STREET ADDRESS CITY-ST-ZIP	CEO PATERAS, JOHN X 16600 SW 77TH AVENUE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, FULTON 40 CENTRAL PARK SOUTH NEW YORK NY 10019-1633	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, EMANUEL M 10740 LENOX ROAD COOPER CITY FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELISSER, AAMARD 13924 SW 157TH STREET MIAMI FL 33177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Isaac Pennington 16600 SW 77TH AVE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is required by Chapter 807, 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 #

5  
**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90491 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)