

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State
 08-04-2002 90161 008 ***550.00

DOCUMENT # S72213

1. Entity Name
TRADE RESOURCES INTERNATIONAL, INCORPORATED

Principal Place of Business

**1201 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131
 US**

Mailing Address

**1201 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131
 US**

972094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**701 BRICKELL AVE
 SUITE 850
 MIAMI FL 33131**

3. Mailing Address

**701 BRICKELL AVE
 SUITE 850
 MIAMI FL 33131**

City & State
MIAMI FL

Zip
33131

Country
USA

City & State
MIAMI FL

Zip
33131

Country
USA

4. FEI Number **65-0384086**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRES, ONOFRE
 1201 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **TORRES, ONOFRE**
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE, SUITE 850
 City **MIAMI** FL **33131**

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, 2002 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 **P** ☐ Delete
 NAME **TORRES, ONOFRE**
 STREET ADDRESS **1201 BRICKELL AVE., STE 405**
 CITY-ST-ZIP **MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **TORRES, ONOFRE**
 STREET ADDRESS **701 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02 **305 371 2776**
 Date Daytime Phone #

CR2E034 (9/01)