

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90188 041 ***150.00

DOCUMENT # V54311

1. Entity Name

TRADECOL, INC.

Principal Place of Business N W 36TH STREET 604 FL 33166	Mailing Address 7220 N W 36TH STREET SUITE 604 MIAMI FL 33166-6748 US
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00000100



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7220 N W 36 STREET SUITE 525 MIAMI FL	3. Mailing Address 7220 N.W 36 STREET SUITE 525 MIAMI, FL
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4. FEI Number 65-0349844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired 33166 DAD E	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SUAREZ, CARLOS
 7220 N W 36TH STREET
 SUITE 604
 MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name: **CARLOS SUAREZ**
 Street Address (P.O. Box Number is Not Acceptable):
7220 N.W 36 STREET
SUITE 525
 City: **MIAMI** FL Zip Code: **33166**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P SUAREZ, CARLOS 7000 S W 83RD PL MIAMI FL 33143 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. SUAREZ 2-21-00 305 499-9912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)