2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # V58069 1. Entity Name CARDINAL TRADING GROUP, INC. 04-26-2001 90291 024 ***150.00 Principal Place of Business Mailing Address 13702 BISCAYNE BLVD 13702 BISCAYNE BLVD N MIAMI BCH FL 33181 N MIAMI BCH FL 33181 2. Principal Place of Business 3. Mailing Address BISCAYNE BLU'D BISCAYNE BLUD 11111 11111 Suite, Apr. #, etc. APr. # 1756 TWR #3 DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0431228 LORIDA MIAMI MIAMI FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIRSCH DEBRA.S. CLOELEANOR KAISER Street Address (P.O. Box Number is Not Acceptable) HIRSCH, DEBRA S. 176 BAL BAY DRIVE **BAL HARBOUR FL 33151** APT. # 1756 TWR#3 fit for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agant signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. M Delete ☐ Change Addition TITLE TITLE KAISER, RANDIE NAME NAME 13702 BISCAYNE BLVD STREET ADDRESS. STREET ADDRESS N MIAMI BCH FL 33181 CHY SI-ZP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE KAISER A.J. KAISER, A. J NAME NAME IIIII BISCAYNE BUID #1796 13702 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS MIAMI FL. 33181 N MIAMI BCH FL 33181 CITY-ST-7P CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIBLE (I) LE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental ceport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or true ee 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO