

2002 UNIFORM BUSINESS REPORT (UBR)

001771 AT

DOCUMENT # A00000001763

1. Entity Name

TRADE & ENGINEERING CONSULTING LTD

FILED

02 MAY -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1897 PALM BEACH LAKES BLVD SUITE 226
WEST PALM BEACH FL 33409

Mailing Address
1897 PALM BEACH LAKES BLVD SUITE 226
WEST PALM BEACH FL 33409

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 65-1055659

Applied For
Not Applicable

Zip Country

Zip Country

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

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name
WARNER & ASSOCIATES, CPA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1897 PALM BEACH LAKES
BLVD. # 226
City WEST PALM BEACH FL Zip Code 33409

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.

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME MOOR, ROGER
STREET ADDRESS 1897 PALM BEACH LAKES BLVD SUITE 226
CITY-ST-ZIP WEST PALM BEACH FL 33409

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 600005577176--4
CITY-ST-ZIP -05/21/02--01056--013
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: TOM FOGARRE ADMINISTRATOR

04.30.02

Date Daytime Phone #

CR2E003 (9/01)