

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001318**

1. Entity Name

WESTLAKE TRADING & INVESTMENT, LTD.

FILED

00 JAN 24 PM 1:

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

2500 WESTON RD., STE. 103
WESTON FL 33331

Mailing Address

2500 WESTON RD., STE. 103
WESTON FL 33331-3616

2. Principal Place of Business

3. Mailing Address

2500 Weston Rd,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #105

City & State

City & State

WESTON, FLORIDA

Zip

Country

Zip

Country

33331

U.S.A.

4. FEI Number

65-0789705

Applied For

Not Applied

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

ARVESU, MANUEL M ESQ

100 SOUTHEAST 2ND STREET, 37TH FLOOR

MIAMI FL 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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 #

P97000049842

NAME

WESTLAKE TRADING & INVESTMENT, INC.

STREET ADDRESS

1427 LANTANA COURT

CITY - ST - ZIP

WESTON FL 33326

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-05-2000

Date

(954)349-7644

Daytime Phone #