

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90009 016 ***150.00

DOCUMENT # F01000001331

1. Entity Name

RAWM TRADING COMPANY

Principal Place of Business

P.O. BOX 40417

ST. PETERSBURG FL 33743-0417

Mailing Address

P.O. BOX 40417

ST. PETERSBURG FL 33743-0417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600309

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

EDWARD AMEEN

Street Address (P.O. Box Number is Not Acceptable)

2811 SANDPIPER PL.

City

CLEARWATER

FL

Zip Code

33762

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 Edward Ameen **EDWARD AMEEN**

(NOTE: Registered Agent signature required when reinstating)

1-23-02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **AMEEN, EDWARD**
CITY-ST-ZIP **2811 SANDPIPER PLACE**
CLEARWATER FL 33762

TITLE ☐ Change ☒ Addition
NAME **GAIL GREENFELDER**
STREET ADDRESS **36601 ST. JOE ROAD**
CITY-ST-ZIP **DADE CITY FL. 33525**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **NORIEGA, ARTHUR IV**
CITY-ST-ZIP **8637 CHADWICK DRIVE**
TAMPA FL 33635

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JACKSON, TED**
CITY-ST-ZIP **4924 NORTH UMBER WAY**
TAMPA FL 33624

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **JIMENEZ, JAMES A**
CITY-ST-ZIP **1302 WEST SLIGH AVENUE**
TAMPA FL 33604

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ACEBO, ABELARDO L**
CITY-ST-ZIP **19808 SUNSPASH LANE**
LUTZ FL 33549

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GREENFELDER, GLEN E**
CITY-ST-ZIP **36601 ST. JOE ROAD**
DADE CITY FL 33525

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: Edward Ameen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 727 5731648
Date Daytime Phone #

CR2E034 (9/01)