

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000035

1. Entity Name

MIPEC TRADING INTERNATIONAL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90037 023 ***150.00

Principal Place of Business

Mailing Address

3035 BAY SHORE RD
 SARASOTA FL 34234

3035 BAY SHORE RD
 SARASOTA FL 34234-5721

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

65-0735512

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

LANG, KLAUS
 3035 BAY SHORE RD
 SARASOTA FL 34234

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. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DCP
 STREET ADDRESS LANG, KLAUS
 CITY-ST-ZIP 3035 BAY SHORE RD
 SARASOTA FL 34234

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

TITLE ☐ Delete
 NAME V
 STREET ADDRESS LANG, CHRISTIAN
 CITY-ST-ZIP 3035 BAY SHORE RD
 SARASOTA FL 34234

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS LANG, BARBARA
 CITY-ST-ZIP 3035 BAY SHORE RD
 SARASOTA FL 34234

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LANG, MICHAEL
 CITY-ST-ZIP 300 EUCLID AVE, STE #101
 MIAMI BEACH FL 33139

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LANG, PETER
 CITY-ST-ZIP 940 BAY STREET, STE #10
 SAN FRANCISCO CA 94109

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Lang Treasurer

4-24-00 (941)351-2396

CR2E034 (9/99)