

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003223

1. Entity Name

SAMSON HUNTER INTERNATIONAL TRADING, LTD. CO.

Principal Place of Business

960 N FEDERAL HWY  
SUITE 313  
BOCA RATON FL 33432  
US

Mailing Address

960 N FEDERAL HWY  
SUITE 313  
BOCA RATON FL 33432-2740  
US

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

65-0757502

Applied For

Not Applied For

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

NATALE, ANTHONY  
210 SUNSET AVE.  
W. PALM BEACH FL 33401

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

TITLE ☐ Delete  
NAME C  
STREET ADDRESS NATALE, ANTHONY  
CITY-ST-ZIP 210 SUNSET RD.  
W. PALM BEACH FL 33406

TITLE ☐ Delete  
NAME P  
STREET ADDRESS APPLEMAN, ROSS  
CITY-ST-ZIP 120 MURRAY RD.  
W. PALM BEACH FL 33405

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LANDOLFI, KIM  
CITY-ST-ZIP 6631 SW 4TH ST.  
PEMBROKE PINES FL 33023

TITLE ☐ Delete  
NAME T  
STREET ADDRESS APPLEMAN, CASSANDRA  
CITY-ST-ZIP 120 MURRAY RD.  
W. PALM BEACH FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Ross B. Appleman (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90106 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

(561) 362-6445

1/11/2000