

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90129 019 ***150.00

DOCUMENT # F97000003223

1. Entity Name

SAMSON HUNTER INTERNATIONAL TRADING, LTD. CO.

Principal Place of Business

Mailing Address

~~960 N. FEDERAL HWY~~
~~SUITE 313~~
~~BOCA RATON FL 33432~~
~~US~~

~~960 N. FEDERAL HWY~~
~~SUITE 313~~
~~BOCA RATON FL 33432~~
~~US~~

642282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 Murray Rd
 Suite, Apt. #, etc.

3. Mailing Address

120 Murray Rd
 Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach

4. FEI Number

65-0757502

Applied For

Not Applicable

Zip

Country

33405 U.S.A

Zip

Country

33405 U.S.A

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	NATALE, ANTHONY	
STREET ADDRESS	210 SUNSET RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	P	<input type="checkbox"/> Delete
NAME	APPLEMAN, ROSS	
STREET ADDRESS	120 MURRAY RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDOLFI, KIM	
STREET ADDRESS	6631 SW 4TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	APPLEMAN, CASSANDRA	
STREET ADDRESS	120 MURRAY RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Ross Appleman 4/15/01 561-832-9641

CR2E034 (10/00)