

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-15-2002 90031 048 ***158.75

DOCUMENT # F97000005066**1. Entity Name**

**WO FAT TRADING COMPANY LTD./ESTRELLA DE ORO TECH
 NOLOGIA.**

Principal Place of Business**Mailing Address**

**152 THORNTON DR
 PALM BCH GARDENS FL 33418
 US**

**152 THORNTON DR
 PALM BCH GARDENS FL 33418
 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**65-0773216**

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**

**CARLIN SR, ROBERT E
 152 THORNTON DRIVE
 PALM BEACH GARDENS FL 33418**

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, 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 **PCD - CHAIRMAN** ☐ Delete
NAME **CARLIN SR, ROBERT E**
STREET ADDRESS **152 THORNTON DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P. E. CARLIN, JR.**
STREET ADDRESS **152 THORNTON DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 REQUIRED: ROBERT E CARLIN & 1-7-02 561 776 1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)