## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathtt{FILED}$ Feb 07, 2000 8:00 am DOCUMENT # **H24838** 1. Entity Name Secretary of State U.S. TRADING CORPORATION, INC. 02-07-2000 90013 040 \*\*\*158.75 Mailing Address Principal Place of Business 8044 N.W. 67 STREET 8044 N.W. 67 STREET MIAMI FL 33166 MIAMI FL 33166-2730 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2586933 Not Applicable Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUTHBY, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 12108 SW 72 TERR. **MIAMI FL 33183** 、粉之片, 品工品重 10% E.S Zip Code 200 Rolling & Oak is FL is statement for the extraose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity subp SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) rinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing fax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITI F TITLE SOUTHBY, JOHN E .--NAME -NAME STREET ADDRESS 12108 SW 72 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME \_ NAME? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling 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 & 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 true of proposered 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 the ampowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: