

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H24838**

1. Entity Name

U.S. TRADING CORPORATION, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91546 004 ***158.75

Principal Place of Business

**2646 NW 97TH AVE
MIAMI FL 33172**

Mailing Address

**2646 NW 97TH AVE
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

18658 NW 24 PLACE

18658 N.W. 24 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PEMBROKE PINES,

PEMBROKE PINES.

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

33029

USA

33029

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2586933

Applied For

☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTHBY, CHRISTOPHER
11389 SW 85TH LANE
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **SOUTHBY CHRISTOPHER H**
Street Address/P.O. Box Number is Not Acceptable
18658 N.W. 24 PLACE
PEMBROKE PINES
City **FL** Zip **33029**

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

Chris Southby

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	PST	<input checked="" type="checkbox"/> Delete
NAME	SOUTHBY, CHRISTOPHER H	
STREET ADDRESS	11389 SW 85TH LANE	
CITY-ST-ZIP	MIAMI FL 33173	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHBY, CHRISTOPHER H	
STREET ADDRESS	18658 N.W. 24 PLACE	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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

Chris Southby
4/15/02 305-

Date

Daytime Phone #

CR2E034 (9/01)