

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K37342**

1. Entity Name

NETWORK TRADING, CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 032 ***150.00

Principal Place of Business	Mailing Address
9901 N.W. 106TH ST. 1316 N.W. 78TH AVENUE MEDLEY FL 33178 US	C/O MICHAEL MAREVICH 5011 FIRESTONE PL. SOUTH GATE CA 90280-3533 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0077574	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARKE, JOHN
9901 N.W. 106TH ST.
MEDLEY FL 33178

7. Name and Address of New Registered Agent

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 _____ (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	VP	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN	
STREET ADDRESS	9901 N.W. 106TH ST.	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRANTHAM, PAUL C	
STREET ADDRESS	5011 FIRESTONE PLACE	
CITY-ST-ZIP	SOUTH GATE CA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MAREVICH, MICHAEL	
STREET ADDRESS	1855 ROSE AVE.	
CITY-ST-ZIP	SAN MARINO CA	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	ST. Michael S. Yuskos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5011 Firestone Place	
STREET ADDRESS	South Gate, CA. 90280	
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

Date

Daytime Phone #

26 APR 00 3235637160

CR2E034 (9/99)