

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90173 012 ***160.00

DOCUMENT # K43920

1. Entity Name
SELLING AGENTS TO THE TRADE, INC.

Principal Place of Business
8650 VIA GIULIA
BOCA RATON FL 33496
US

Mailing Address
8650 VIA GIULIA
8903 GLADES ROAD #L9213
BOCA RATON FL 33496
US

Delray Beach, FL 33445
561-243-4116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0081615		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARJE, ERICH W. 8650 VIA GIULIA BOCA RATON FL 33496		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. I am familiar with, and accept the obligations of registered agent.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARJE, ERICH W. 8650 VIA GIULIA BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARJE, ESTELLE R. 8650 VIA GIULIA BOCA RATON FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ERICH ARJE Pres (561) 243-8485**

0080485 AV

CR2E034 (4/02)

Attachment 676789
K43920

ERICH W. ARJE

August 12, 2002

Division Of Corporation

Uniform Business Report Filing

Per our phone conversation of August 9, 2002. I am forwarding payment of \$160.00...

~~The original bill was never received.~~

The enclosed bill was received August 8, 2002.

The reason for delay and non delivery seems to be they where sent to wrong address.

I have noted the correct address on enclosed copy of bill.

Thank you for your help with this matter

Erich W. Arje



ERICH W. ARJE

Thank you for your help with this matter

I have noted the correct address on enclosed copy of bill

Per our phone conversation of August 9, 2002. I am forwarding payment of \$160.00...