

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57930

1. Entity Name

TRADE HOUSE CO., INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90427 039 ***150.00

Principal Place of Business

Mailing Address

~~450 NORTH PARK ROAD~~
~~410~~ 3850 HOLLYWOOD BLVD #204
HOLLYWOOD FL 33021
US

~~450 NORTH PARK ROAD~~
~~410~~ 3850 HOLLYWOOD BLVD #2, 204
HOLLYWOOD FL 33021
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3850 HOLLYWOOD BLVD

3850 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip

Zip

33021

33021

Country

Country

4. FEI Number 65-0103256

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

PECOTIC, GORAN

450 NORTH PARK ROAD

SUITE 410 3850 HOLLYWOOD BLVD #204

HOLLYWOOD FL 33021

Name

GORAN, PECOTIC

Street Address (P.O. Box Number is Not Acceptable)

3850 HOLLYWOOD BLVD #204

City

HOLLYWOOD

FL

Zip Code

33021

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PECOTIC, GORAN
450 NORTH PARK ROAD, #410-3850 HOLLYWOOD BLVD #204
HOLLYWOOD FL 33021

☐ Delete

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)