

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90039 009 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027547

1. Entity Name

UNIVERSAL TRADING PARTNERS LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2002 N. LOIS AVENUE

3. Mailing Address  
2002 N. LOIS AVENUE

Suite, Apt. #, etc.  
SUITE 160

Suite, Apt. #, etc.  
SUITE 160

City & State  
TAMPA FL

City & State  
TAMPA FL

Zip  
33607

Country  
USA

Zip  
33607

Country  
USA

4. FEI Number

54-2098331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AIA REGISTERED AGENT, INC. BARBARA REYNOLDS

Street Address (P.O. Box Number is Not Acceptable)  
2002 N. LOIS AVENUE, SUITE 160

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI TAMPA

FL

Zip Code  
33134 33607

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

Barbara Reynolds  
Signature, typed or printed name of registered agent and title if applicable

2-26-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ANNA RENEE MCCOLLUM  
19531 GULF BOULEVARD, #602  
INDIAN SHORES FL 33785

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Anna Renee McCollum  
ANNA RENEE MCCOLLUM, MGRM

2-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)