

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84656

1. Entity Name

MOUKHTARA TRADING COMPANY, U.S.A.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90007 008 \*\*\*550.00

Principal Place of Business

ROUTE 3, BOX 176A  
LAKE CITY FL 32024  
US

Mailing Address

RT 2 BOX 6004  
LAKE CITY FL 32024  
US

2. Principal Place of Business

RT 2 Box 6004

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

Zip

Country

32024

COLOMBIA

Zip

Country

4. FEI Number

59-3014795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, T R  
128 S HERNANDO ST  
LAKE CITY FL 32056

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MOUKHTARA, MICHEL  
7717 NW 20TH LANE  
GAINESVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOUKHTARA, SAYED  
10 MOUKHTARA STREET, P.O BOX 447  
BANJUL TH

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

904-  
755-4960

Daytime Phone #

CR2E034 (5/00)