2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L94000000183

1. Entity Name
R & W TRADING, L.C.

Principal Place of Business	Mailing Address
9725 CRESTVIEW ST. N.	9725 CRESTVIEW ST. N.
SEMINOLE FL 33772	SEMINOLE FL 33772-2954

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip / Country	Zip / Country	**4.** FEI Number **59-3238199** — Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
LOCASTRO, RICHARD 9725 CRESTVIEW STREET N SEMINOLE FL ~~34642~~ 33772	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS   **10.** ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOCASTRO, RICHARD		NAME		300003459073——4
STREET ADDRESS	9725 CRESTVIEW ST. N.		STREET ADDRESS		-11/09/00--01082--005
CITY-ST-ZIP	SEMINOLE FL ~~34642~~ 33772		CITY-ST-ZIP		*****50.00 *****50.00
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOCASTRO, MILDRED		NAME		
STREET ADDRESS	9725 CRESTVIEW ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL ~~346~~ 33772		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #