

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 012 ****50.00

0004767

DOCUMENT # L95000000313

1. Entity Name

DOW TRADING, L.C.



Principal Place of Business

1952 NE 5 AVE
BOCA RATON FL 33431

Mailing Address

1952 NE 5 AVE
BOCA RATON FL 33431

2. Principal Place of Business

5122 N.W. 74 CT.

3. Mailing Address

PO BOX 1007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL.

City & State

DEERFIELD BEACH FL.

Zip

33073

Country

U.S.A.

Zip

33443

Country

U.S.A.

4. FEI Number

65-0574194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MIODOWSKI, SAUL
5122 NW 74 CT.
POMPANO BEACH FL 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Saul Miodowski
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete
NAME **MIODOWSKI, SAUL**
STREET ADDRESS **5122 NW 74 CT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☐ Delete
NAME **DE MIODOWSKI, GRACIELA Y**
STREET ADDRESS **5122 NW 74 CT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☒ Delete
NAME **MIODOWSKI, JONATHAN**
STREET ADDRESS **3175 NE 184 ST. APT. 3204**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED SAUL MIODOWSKI

7/14/03

954-830-1182

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

Date

Daytime Phone #

CR2E083 (4/03)