

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

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DOCUMENT # L95000000313

1. Entity Name
DOW TRADING, L.C.



Principal Place of Business Mailing Address

**1952 NE 5 AVE
BOCA RATON FL 33431** **1952 NE 5 AVE
BOCA RATON FL 33431**

2. Principal Place of Business 3. Mailing Address

5122 N.W. 74 CT. **PO BOX 1007**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

COCONUT CREEK FL. **DEERFIELD BEACH FL.**

Zip Country Zip Country

33073 **U.S.A.** **33443** **U.S.A.**

4. FEI Number Applied For

65-0574194 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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* DATE **07/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	MIODOWSKI, SAUL
STREET ADDRESS	5122 NW 74 CT
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input type="checkbox"/> Delete
NAME	DE MIODOWSKI, GRACIELA Y
STREET ADDRESS	5122 NW 74 CT
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MIODOWSKI, JONATHAN
STREET ADDRESS	3175 NE 184 ST. APT. 3204
CITY-ST-ZIP	AVENTURA FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE **7/14/03** DAYTIME PHONE # **954-830-1180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)