

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000416

1. Entity Name

CASABLANCA TRADING, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:08

Principal Place of Business

1208 TECH BLVD., SUITE 100
TAMPA FL 33619

Mailing Address

1208 TECH BLVD., SUITE 100
TAMPA FL 33619-7860

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

59-3319690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HARTENSTINE, J. MICHAEL
200 S. ORANGE AVENUE
SARASOTA FL 34236

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete

NAME
BENNIS, ABDELHAK
STREET ADDRESS
1208 TECH BLVD., SUITE 100
CITY-ST-ZIP
TAMPA FL 33619

TITLE ☐ Delete

NAME
BENNIS, ANN
STREET ADDRESS
1208 TECH BLVD., SUITE 100
CITY-ST-ZIP
TAMPA FL 33619

TITLE ☐ Delete

NAME
BENNIS, LAMIA
STREET ADDRESS
1208 TECH BLVD., SUITE 100
CITY-ST-ZIP
TAMPA FL 33619

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
Nf 312100

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
7000003161407--9
-03/07/00-01103-012

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Abdelhak BENNIS
Manager
1/25/00

Daytime Phone #

813 7408132

CR2E083 (9/99)