

2000 UNIFORM BUSINESS REPORT (UBR)

0005613 AF

DOCUMENT # L96000000150

1. Entity Name
N.H. TRADING, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:04

Principal Place of Business
**2214 WESTON RD
WESTON FL 33326**

Mailing Address
**2214 WESTON RD
WESTON FL 33326-3200**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0640730**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NAPP, MARIA
318 INDIAN TRACE
#544
WESTON FL 33326**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NAPP, MARIA A
318 INDIAN TRACE
WESTON FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**000003131430--5
-02/10/00--01087--016
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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

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: **135 SIGNATURE REQUIRED NAPP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/5/2000 954 385 7700
Date Daytime Phone #

CR2E083 (9/99)