

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000881

1. Entity Name  
PAPER TRADE SERVICE LC

Principal Place of Business

LA COLLINETTE  
SARK  
CHANNEL ISLANDS

Mailing Address

1220 N. MARKET ST. SUITE 606  
WILMINGTON DE 19801-2598

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

NOT APPLICABLE

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

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

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 NAME ☐ Delete  
MGR GRASSICK, JAMES WILLIAM  
STREET ADDRESS LA COLLINETTE/SARK  
CITY- ST- ZIP CHANNEL ISLANDS

TITLE NAME ☐ Delete  
MGR CROSHAW, PHILIP MARK  
STREET ADDRESS LA COLLINETTE/THE AVENUE  
CITY- ST- ZIP CHANNEL ISLANDS

TITLE NAME ☐ Delete  
MBR FIRST NOMINEES LIMITED  
STREET ADDRESS P.O. BOX 362 N/A  
CITY- ST- ZIP ROAD TOWN, TORTOLA B.V.I.

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME 400003236204--4  
STREET ADDRESS -05/03/00--01019--001  
CITY- ST- ZIP \*\*\*3750.00 \*\*\*\*\*50.00

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

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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:

*Janet M. Caruccio*  
RECEIVED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/00

Date

302-421-5750

Daytime Phone #

CR2E083 (9/99)