

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000258**

1. Entity Name

**PRINCE INTERNATIONAL TRADING L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

341 IVES DAIRY ROAD. NO. 7  
NORTH MIAMI FL 33179

Mailing Address

341 IVES DAIRY ROAD. NO. 7  
NORTH MIAMI FL 33179

2. Principal Place of Business

9720 N.W 114 WAY

3. Mailing Address

9720 N.W 114 WAY

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33178

Country

U.S.A

Zip

33178

Country

U.S.A

4. FEI Number

65-0821370

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELGALLI, MIRGANI O

341 IVES DAIRY RD., #7  
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

MIRGANI, ELGAALI O

Street Address (P.O. Box Number is Not Acceptable)

650 SW 95 TR

City

PEMBROKE PINE

FL

Zip Code

33025

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

MIRGANI DELGAALI / G-MANAGER

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

(NOTE: Registered Agent signature required when reinstating)

9/24/00

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELAGALLI, MIRGANI O  
341 IVES DAIRY RD. #7  
NORTH MIAMI FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BUSHARA, NADA  
341 IVES DAIRY RD. #7  
NORTH MIAMI FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELGAALI, MIRGANI O  
650 SW 95 TR  
PEMBROKE PINE FL 33025 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BUSHARA, NADA  
650 SW 95 TR  
PEMBROKE PINE FL 33025 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003410541-0  
-10/02/00-01010-013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

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

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

TITLE  
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:

MIRGANI DELGAALI / G-MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/24/00 (305) 999-9383

CR2E083 (5/00)