

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004117 AF

DOCUMENT # L99000000250

1. Entity Name  
R.S.A. TRADE LINK, L.C.

00 MAY -6 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
295 SUNNY ISLES BLVD. 295 SUNNY ISLES BLVD.  
SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160-4208



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
Zip Country Zip Country

4. FEI Number Applied For  
52-2139961 Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, JEFFREY R.  
295 SUNNY ISLES BLVD.  
SUNNY ISLES BEACH FL 33160

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 STREET ADDRESS CITY-ST-ZIP  
MEM KRUBECK CREATIONS, CC 295 SUNNY ISLES BLVD. SUNNY ISLES BEACH FL 33160  
MEM MCCLLENAGHAN, DAVE 295 SUNNY ISLES BLVD. SUNNY ISLES BEACH FL 33160

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
900003273619--2  
-06/01/00--01059--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 4/17/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)