

2001 UNIFORM BUSINESS REPORT (UBR)

0028173 AF

DOCUMENT # **L99000005470**

1. Entity Name

CLEAR CHOICE TRADING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:57

Principal Place of Business

1849 S.W. 31ST AVENUE
HALLANDALE FL 33009

Mailing Address

P.O. BOX 694124
MIAMI FL 33269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11098 BISCAYNE Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0944322

Applied For

Not Applicable

Zip

33161

Country

USA

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

**IASLOVITS, MICHAEL
1849 S.W. 31ST AVENUE
HALLANDALE FL 33009**

Name

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

11098 BISCAYNE BLVD, SUITE 203

City

MIAMI

FL

Zip Code

33161

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**

**300003888683--1
-03/20/01--01087--017
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
IASLOVITS, MICHAEL
1849 S.W. 31ST AVENUE
HALLANDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
IASLOVITS, MICHAEL
11098 BISCAYNE BLVD SUITE 203
MIAMI, FL 33161** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-26-01

CR2E083 (11/00)