## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900007461  1. Entity Name  B TRADING COMPANY L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Plac	e of Business	Mailing Address		00 JUL 31 PM 1: 25
Principal Place of Business Mailing Address  19355 N.E. 36 COURT. #18B  AVENTURA FL 33180 AVENTURA FL 33180  AVENTURA FL 33180			⊭18B	
				L TRANTONI AND TONIO DESIL ARKIL DESIL BRITA ROMA DESIL SÕRIA ARKIL ARKIL LIGE LIGE
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		DO NOT WESTERN THE COACE
ουιο, Αρι. #, οιο.				DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0959 345. Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent
			Name	
KLEIN, THEODORE J ESQ. 88 N.E. 168 STREET			Street Addres	es (P.O. Box Number is Not Acceptable)
NORTH MIAMI BEACH FL 33162			City	Zip Code
			City FL Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E. Registered Agent signature requ	uired when reinstating) DATE
	Land of the same o		OW!!! FEE IS \$50.0	
9.	MANAGING MEMB		10.'	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS	MGR BEDA, RONNY 19355 N.E. 36 COURT, #18B	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
CITY+ST-ZIP TITLE	AVENTURA FL 33180	☐ Delete	TITLE	☐ Change ☐ Addition
name Street address	;		NAME STREET ADDRESS	2000033500420 -08/08/0001097023
CITY-ST-ZIP			CITY-ST-ZIP	-08/U8/UUU109/U23 ******50,00 □ ******50,00
title Name Street address		☐ Delete	TITLE NAME STREET ADDRESS	**************************************
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	
TITLE	- /	☐ Delete	TITLE	Change Addition
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby o	on this report is true and accurate and bility company or the receiver or truste	n this filing does not qualify for that my signature shall have e empowered to exact this	r the exemption stated in the same legal effect as i report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.  2/28/00 305/542559.