

2000 UNIFORM BUSINESS REPORT (UBR)

** Amended **

DOCUMENT # L99000008460

1. Entity Name
N-E-W TRADING L.L.C.

Principal Place of Business
15373 ROOSEVELT BLVD., SUITE 203
CLEARWATER FL 33760-3507

Mailing Address
15373 ROOSEVELT BLVD., SUITE 203
CLEARWATER FL 33760-3507

2. Principal Place of Business

15373 ROOSEVELT BLVD
Suite, Apt. #, etc.
#203

3. Mailing Address

15373 ROOSEVELT BLVD
Suite, Apt. #, etc.
#203

City & State
Clearwater FL
Zip
33760

City & State
Clearwater FL
Zip
33760

4. FEI Number
59-3025140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, CHARLES A
701 BAYSHORE BLVD., SUITE 201
TAMPA FL 33606-2743

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

(NOTE: Registered Agent signature required when reinstating)

DATE 12/1/2000

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PING XING, YA
STREET ADDRESS 15373 ROOSEVELT BLVD., SUITE 203
CITY-ST-ZIP CLEARWATER FL 33760-3507

TITLE
NAME YA PING XING
STREET ADDRESS 15373 ROOSEVELT BLVD
CITY-ST-ZIP CLEARWATER FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003508356-1
-12/20/00--01019--001
*****55.00 *****55.00

TITLE
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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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

12/1/2000 727-533-9455

003723

CR2E083 (5/00)

FILED
00 DEC -8 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE