

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018773
AF

DOCUMENT # L99000008460

1. Entity Name

N-E-W TRADING L.L.C.

01 FEB -5 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

15373 ROOSEVELT BLVD

Suite, Apt., etc.

#203

Suite, Apt., etc.

#203

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33760

Country

Zip

33760

Country

4. FEI Number

59-3625740

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required.

DO NOT WRITE IN THIS SPACE

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

MCCLURE CHARLES A

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

701 BAYSHORE BLVD SUITE 201

City

TAMPA

FL

Zip Code

33606

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

100003675111--2
-02/12/01--01142--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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:

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

Date

Daytime Phone #

02/02/2001 727-533-9455

CR2E083 (11/00)