

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90040 031 \*\*\*150.00

0211900

**DOCUMENT # M44749**

1. Entity Name  
**FSF TRADING CORP.**

Principal Place of Business <b>C/O HARVEY OXENBERG          1111 N.W. 159TH DRIVE          MIAMI FL 33169</b>	Mailing Address <b>C/O HARVEY OXENBERG          1111 N.W. 159TH DRIVE          MIAMI FL 33169</b>
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*953920*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2763916</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OXENBERG, HARVEY  
 1111 N.W. 159TH DRIVE  
 MIAMI FL 33169**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	OXENBERG, HARVEY	1111 N.W. 159TH DR.	MIAMI FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	OXENBERG, LINDA	1111 N.W. 159TH DR.	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	OXENBERG, LAWRENCE	1111 NW 159 DR.	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
VTS	FLEISCHMAN, DAVID H.	1111 NW 159 AVE.	MIAMI FL 33169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*VTS  
 Metzkes, Michael  
 1111 N.W. 159 DR.  
 Miami, FL 33169*

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: \_\_\_\_\_ Date: *305 625 5118* Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)