

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90373 009 ***150.00

DOCUMENT # M69769

1. Entity Name

BRIAN TRADING COMPANY INC.

Principal Place of Business

Mailing Address

20208 N.E. 15TH COURT
 NORTH MIAMI BEACH FL 33179-2711

20208 N.E. 15TH COURT
 NORTH MIAMI BEACH FL 33179-2711

2. Principal Place of Business

3. Mailing Address

16930 NW 4TH AVENUE
 Suite, Apt. #, etc.

16930 NW 4TH AVENUE
 Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip
 33169

Country
 USA

Zip
 33169

Country
 USA

4. FEI Number

65-0048986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RAY ZOMERFELD

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

C/O OCARIZ, GITLIN & ZOMERFELD

2151 LE JEUNE RD, SUITE #312

City

CORAL GABLES

FL

Zip Code

33134

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

RAY ZOMERFELD

(NOTE: Registered Agent signature required when reinstating)

5/1/00

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHERITON, SANDRA	
STREET ADDRESS	20208 NE 15 CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERITON, BRIAN	
STREET ADDRESS	20208 NE 15 CT.	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERITON, BRIAN	
STREET ADDRESS	16930 NW 4TH AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN SHERITON 5/1/00

Date

Daytime Phone #

(305) 651-5020

CR2E034 (9/99)