

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89763

1. Entity Name

OLD ENGLISH TRADING CO. LTD.

A

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90015 013 \*\*\*150.00

Principal Place of Business

13150 SW 130 TER  
UNIT 2  
MIAMI FL 33186  
US

Mailing Address

PO BOX 16-1952  
MIAMI FL 33116  
US

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

65-0062087

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

SLATER, DAVID  
12334 SW 105 LANE  
MIAMI FL 33186

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

(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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	SLATER, DAVID	
STREET ADDRESS	12334 SW 105TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, IRMA	
STREET ADDRESS	12334 SW 105TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/00 305 2596788

CR20014 15001

P.O. Box 16-1952  
Miami, FL 33116  
(305) 259-6788 – Fax (305) 259-6727

Attachment  
D0069720  
D# M87763  
**Old English  
Trading**

# Memo

**To:** Florida Department of State/Division of Corporations  
**From:** Dave Slater  
**Date:** 7/7/00  
**Re:** Uniform Business Report

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Dear Gentleman,

We never received our first notice. We have been incorporated since 1988, and have never been late since then. I spoke to Janet in your office this morning and he advised writing this letter and sending you a check for \$150.00.

Thank you for your attention.



Dave Slater