

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017876

1. Entity Name

FORTIS TRADING, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90077 015 ***150.00

Principal Place of Business

407 LINCOLN ROAD, STE 6-F
MIAMI BEACH FL 33139-3008

Mailing Address

407 LINCOLN ROAD, STE 6-F
MIAMI BEACH FL 33139-3008

2. Principal Place of Business

6538 Collins Avenue

3. Mailing Address

6538 Collins Avenue

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33141-4694

Country

USA

Zip

33141-4694

Country

USA

4. FEI Number

13-3804657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TERESA
407 LINCOLN ROAD, STE 6-F
MIAMI BEACH FL 33139-3008

7. Name and Address of New Registered Agent

Name: DRUMMOND, TERESA

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

6538 COLLINS AVE., # 204

City MIAMI BEACH

FL

Zip Code

33141-4694

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: TERESA DRUMMOND
Signature, typed or printed name of registered agent and title if applicable.

TERESA DRUMMOND
(NOTE: Registered Agent signature required when reinstating)

4/15/01
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TERESA DRUMMOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 (305) 672-7552
Date Daytime Phone #

CR2E034 (10/00)