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2002 Uniform Business Report (UBR)

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Apr 07, 2002 8:00 am Secretary of State 1. Entity Name 04-07-2002 90061 042 ***150 00 FAIRWAY TRADING CORP. Principal Place of Business Mailing Address 1704 S.W. 100TH AVENUE -1704-S.W. 180TH AVENUE MAMI-FL 98165 --"MAMI FL 30165 -- 3. Mailing Address 2. Principal Place of Business 2980 J.W 2980 S.U Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State applied for Not Applicable \$8.75 Additional **シ**シ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent edion -Glennon, Daniel B -1704 S.W. 100TH AVENUE -MIAMI FL-33165--8. The above named entity submits this statement for the purpose of hanging its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 3, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 (9/01) PD- Change Addition TITLE Defete TITLE GLENNON, DANIEL B NAME NAME CR2E034 1704 S.W. 100TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33165-CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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