

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90176 043 ***150.00

DOCUMENT # P00000056636

1. Entity Name
EASHAM TRADING CORPORATION

Principal Place of Business
1221 SW 87TH TERRACE
PLANTATION FL 33324

Mailing Address
1221 SW 87TH TERRACE
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1038349

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, LUZ M
1221 SW 87TH TERRACE
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PD
MARTINEZ, ANABEL
1221 SW 87TH TERRACE
PLANTATION FL 33324

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
STD
MARTINEZ, LUZ M
1221 SW 87TH TERRACE
PLANTATION FL 33324

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STD

9/27/02

(954) 4247174

CR2E034 (4/02)

Attachment

678308
#100000056636

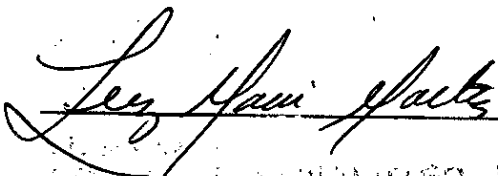
TO : DIVISION OF CORPORATIONS
STATE OF FLORIDA

FROM : EASHAN CORPORATION

AS PER OUR TELEPHONE CONVESATION I AM STATETING HEREBY
THAT THE RESON FOR NOT FILING THE CORPORATION ANNUAL
REPORT IN TIME WAS THAT I HAD TO GO OUT OF THE COUNTRY FOR
MEDICAL ATTENTION AND HAD AN OPERATION. AFTER RETURNING TO
THIS COUNTRY I HAD TO GO BACK TO THE HOSPITAL FOR A SECOND
OPERATION.

ATTACHED IS A CHECK IN THE AMOUNT OF \$150.00, AND SIGNED
ANNUAL REPORT, AS INSTRUCTED.

THANKS YOU FOR YOUR UNDERSTANDING,

 PRESIDENT

THE ABOVE CHECK WAS TO BE SENT TO THE FLORIDA DEPT. OF REVENUE
MEDICAL ATTENTION AND HAD AN OPERATION. AFTER RETURNING TO
THIS COUNTRY I HAD TO GO BACK TO THE HOSPITAL FOR A SECOND
OPERATION. THE PERSON FOR WHOM THE ANNUAL REPORT WAS SENT
TO BE SENT TO THE FLORIDA DEPT. OF REVENUE.

STATE OF FLORIDA

NOTARY PUBLIC