## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000066608 1. Entity Name INTEGRA TRADING CORPORATION 05-14-2001 90196 004 \*\*\*150.00 Principal Place of Business Mailing Address 300 S. PINE ISLAND ROAD 300 S. PINE ISLAND ROAD SUITE 207 SUITE 207 UU064398 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKREL, DONALD Street Address (P.O. Box Number is Not Acceptable) 300 S. PINE ISLAND ROAD SUITE 207 PLANTATION FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change TITLE TITLE ☐ Delete JACKREL, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 300 S. PINE ISLAND ROAD SUITE 207 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME-~. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ort is true and accurate and that my senature shall have the same legal effect as if made under oath; that I am an officer or director mpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied ndicated on this report or supplemental rep of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all off empowered to e like empowered