2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90151 033 ***150.00

DOCUMENT # P00000086204

1. Entity Name
TAILOR TRADING CORPORATION

Principal Place of Business	Mailing Address
1151 N.W. 101ST AVENUE PLANTATION, FL 33322	1151 N.W. 101ST AVENUE PLANTATION, FL 33322

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4372 LAUREL RIDGE Cir		4372 LAUREL RIDGE CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON - FLORIDA		City & State WESTON - FLORIDA	
Zip 33331	Country USA	Zip 33331	Country USA

4. FEI Number 65-1038328 ☐ 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
TERAN, DIEGO 1151 N.W. 101ST AVENUE PLANTATION, FL 33322	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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TERAN, DIEGO 1151 N.W. 101ST AVENUE PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ APRIL 26/03 954-384-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #