FILED

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

SIGNATURE: /

## Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000096694 1. Entity Name TRADERS INTERNATIONAL EXPORT, INC. 04-14-2001 90032 035 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 187 8301 NW 52ND STREET FORT LAUDERDALE FL 33351 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address 5803 WASNINGTON S9. P.O. BOX 187 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1045737 OLLYWOOD FLORIDA ANGA BEACH. FLORADA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCULLOUGH, STEPHEN D 1301 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334 5805 WASHINGTON ST. #16 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESSOBNY/CEO ☐ Delete TITI F TITLE ROBBRY GOLER NAME NAME 5805 WASHENGTON 57 . #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL. 33023 CITY-ST-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME. - NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS 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.