2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000097937 1. Entity Name SAROTO TRADING, INC					Secretary of State 01-26-2001 90119 017 ***158.75				
Principal Place 3910 S MAC D TAMPA FL 336		Mailing Address 3910 S MAC DILL AVE TAMPA FL 33829 3. Mailing Address 3910 S MAC DILL AVE Suite, Apt. #. etc.			_ 6155U DO NOT WRITE IN THIS SPACE				
3910 Suite, Apt.									
City & Stat	A FL	City & State TANDA, FL			FEI Number 59 - 3680	888		plied For at Applicable]
Zip 33	Country USA 6. Name and Address of Current	^{Zip} 33611	Country 4 SA		Certificate of Statu		\$8.75 Add Fee Require	litional d	
3910 TAM	TES, SARA A S MAC DILL AVE PA FL 33629		Street A 3910 City 7	s Ma	COATES BOX Number is Not SOLUTION FL	Acceptable)	FL Zip Cook	ار 6	
Tax.filing	continue, typed of pilling in name of registered agent or attention is eligible to satisfy its intangible requirement and elects to do so.			00 550.00 - ====	10. Election Ca	mpalgn Financing		O_May.Be	- - - -
11.	OFFICERS AND		12.	AC	DITIONS/CHANG	ES TO OFFICERS			15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cortes, Sara A 3910 S Mac Dill Ave Tampa Fl 33629	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Town	i PL	33 <i>61</i> 1	☑ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGO, CORTES A 3910 S MAC DILL AVE TAMPA FL 33629	Dolote -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ramp	aj PL	37411	⊡ -Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALTON, THOMAS A 3910 S MAC DILL AVE TAMPA FL 33629	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAHPI	9. PL 3	36//	Change .	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	/	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue	1 10		☐ Change	Addition	
TITLE, NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is portion or the receiver or truste empo	this filling does not qualify for II	NAME STREET ADDRESS CITY-ST-ZIP The exemption state signature shall he	ave the same i	legal effect as if ma	ade under oath: th	r certify that the in	formation	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROPRIGO CORTES 1/16/01 (817) 289-3862

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Description of the control o