

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100630

1. Entity Name

DLS TRADING, INC.

Principal Place of Business

10400 NW 33RD ST., SUITE 240  
MIAMI FL 33172

Mailing Address

10400 NW 33RD ST., SUITE 240  
MIAMI FL 33172

2. Principal Place of Business

10400 NW 33 St.

3. Mailing Address

10400 NW 33 Street

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-1060368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DAMIEN  
10400 NW 33RD ST., SUITE 240  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

DAMIEN ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

10400 NW 33 St. Ste 240

City

MIAMI

FL

Zip Code

33172

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

*[Signature]*

DAMIEN ROBINSON (DIRECTOR)

4/10/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, LLOYD	
STREET ADDRESS	16359 SW 26TH ST.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DAMIEN	
STREET ADDRESS	16359 SW 26TH ST.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, SHEILA	
STREET ADDRESS	16359 SW 26TH ST.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

DAMIEN ROBINSON

4/10/01

305720712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0214566

CR2E034 (10/00)