

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 024 ***150.00

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DOCUMENT # P01000002970

1. Entity Name
S T I TRADING, INC.



Principal Place of Business
287 SULKY WAY 1759 N. FLORIDA MANCO RD. #6
WELLINGTON FL 33414

Mailing Address
287 SULKY WAY
WELLINGTON FL 33414

WEST PALM BEACH, FL. 33409.

2. Principal Place of Business

1759 N. FLORIDA MANCO RD.

3. Mailing Address
1759- FLORIDA MANCO RD.

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH FLORIDA

Zip

33409

Country

USA.

Zip

33409

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1068654**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAIN, NEAL
287 SULKY WAY
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

4.30.03

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 **D** ☐ Delete
NAME **JAIN, NEAL**
STREET ADDRESS **287 SULKY WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JAIN, HARBANS**
STREET ADDRESS **1319 MONTERAY WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Neal Jain **APR. 30, 03** **561-712-1988**

CR2E034 (10/02)