

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90125 008 ***150.00

DOCUMENT # P01000004536

1. Entity Name
DJR TRADING, INC.

Principal Place of Business
19495 BISCAYNE BLVD.
SUITE #300
AVENTURA FL 33180

Mailing Address
19495 BISCAYNE BLVD.
SUITE #300
AVENTURA FL 33180



2. Principal Place of Business
2315 N.W. 107 Ave.

Suite, Apt. #, etc.
Suite B17

City & State
Miami, FL

Zip
33172

3. Mailing Address
2315 N.W. 107 Ave.

Suite, Apt. #, etc.
Box 111

City & State
Miami, FL

Zip
33172

4. FEI Number
65-1087813

Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
David J. Taney
 Street Address (P.O. Box Number is Not Acceptable)
19495 Biscayne Blvd.
Suite 300
 City
Aventura **FL** Zip Code
33180

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 *David J. Taney*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DAVID J. TANAY 19495 BISCAYNE BLVD SUITE 300 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S COHEN, NILY 2315 N.W. 107 Ave., Box 111 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David J. Taney* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **(305) 716-7499**
 Date Daytime Phone #

CR2E034 (9/01)