

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P01000051315

1. Entity Name
TRADE USA INC

FILED

02 OCT 28 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

14316 FREDRICKSBURG DR 518

ORLANDO FL 32837

Mailing Address

14316 FREDRICKSBURG DR 518

ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05/27/02 90493 023
DO NOT WRITE IN THIS SPACE

4. FLI Number

59-3719126

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHRAF, MOHAMMAD

14316 FREDRICKSBURG DR 518

ORLANDO FL 32837

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ASHRAF, MOHAMMAD 14316 FREDRICKSBURG DR 518 ORLANDO FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Amr Ashraf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B

10-3-2002

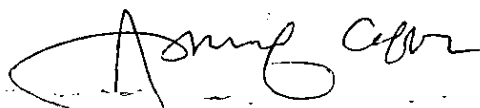
TO WHO MAY IT CONCERN.

I HAD CALLED YOUR 850-488-9000 NUMBER TO ASK FOR MY CERTIFICATE WHICH I HAVEN'T RECEIVED IT, AT THAT MOMENT I WAS TOLD THAT YOU PEOPLE NEED MY FEI # WHICH I AM SENDING YOU @ NOW

I HAD SEND ANNUAL REPORT ALONG WITH PAYMENT OF \$158.75 @ DATED 4/28/02 VIDE CHECK # 4196. KINDLY SEND MY CERTIFICATE AT YOUR EARLIEST.

THANKS

MOHAMMAD ASHRAF

 Mohammad Ashraf