2002 UNIFORM BUSINESS REPORT (UBR)

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

DO NOT WRITE IN THIS SPACE
05/27/02 90493 023 $158.75

4. FEI 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

ASHRAF, MOHAMMAD
14316 FREDRICKSBURG DR 518
ORLANDO FL 32837

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☐ Change ☐ Addition
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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: ____________________ Date ______ Daytime Phone # ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2002

TO WHO MAY IT CONCERN.

I HAD CALLED YOUR 850-488-9000 NUMBER TO ACK FOR MY CERTIFICATE WHICH I HAVENT 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 ALONGWITH PAYMENT OF $158.75 DATED 4/28/02 VIDE CHECK # 4196. KINDLY SEND MY CERTIFICATE AT YOUR EARLIEST.

THANKS

MOHAMMAD ASHRAF