## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000058021 **DOCUMENT #**

1. Entity Name

SAMAROO TRADING CO, INC.



## **FILED** Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90093 041 \*\*\*150.00

	e of Business /EST 143RD COURT 96		Mailing Address 9534 SOUTHWEST 143RD COURT MIAMI FL 33186						
2. Principal P	lace of Business		3. Mailing Address						1833B 1138B) 11381 (1834)
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. F	FEI Number 65-1112731		Applied For Not Applicable
Zip	o Country		Zip Count		itry	5. Certificate of Status Desired See Required \$8.75 Additional			
2	6. Name and A	Address of Current i	Registered Agent			7. Name and Address of New Registered Agent			
KAS					Name				
RAS, PRAI	KASH								
_			Street Address			ddress (P.O. B	(P.O. Box Number is Not Acceptable)		
9534 SW 143 COURT									. ,
MIAMI FL	33100		Cit					Zip	Code
								FL Zip	
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.									
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						•	Election Campaign Financi     Trust Fund Contribution.	~ —	5.00 May Be
Make Check Payable to Florida Department of State						1			
10.	<del>,</del>	OFFICERS AND I	DIRECTORS 11.			AD	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11
TITLE	PTD		□ De		TITLE			☐ Char	nge
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title Name			□ De	elete TITLE				☐ Char	ge 🔲 Addition
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CITY-ST-ZIP					-ST-ZIP				
12. I hereby o	certify that the inform	nation supplied with	this filing does not o	qualify for the exe	mption stat	ed in Section 1	119.07(3)(i), Florida Statutes. I furti	ner certify that t	he information
indicated of the cor	on this report or su poration or the rece	polemental report is	true and accurate a wered to execute th	and that my signa his report as requi	ture shall ha	ave the same k	egal effect as if made under oath; da Statutes; and that my name app	that I am an off	icer or director