

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 046 ***150.00

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DOCUMENT # P02000056354

1. Entity Name
KAIETEUR TRADING, INC.



Principal Place of Business
**7260 PONICIANA CT.
MIAMI LAKES FL 33014**

Mailing Address
**7260 PONICIANA CT.
MIAMI LAKES FL 33014**



2. Principal Place of Business

921 E RIVER DR

Suite, Apt. #, etc.

3. Mailing Address

921 E RIVER DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

04-3674495

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

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

6. Name and Address of Current Registered Agent

**RAMDEO, DEODAT
7260 PONICIANA CT.
MIAMI LAKES FL 33014**

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

Ramdeo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **SD**
NAME **RAMDEO, DEODAT**
STREET ADDRESS **7260 PONICIANA CT.**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

954-973-6859

CR2E034 (4/03)