

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91348 010 ***150.00

0361943 AV

DOCUMENT # P02000089866

1. Entity Name
TOTAL TRADING INTERNATIONAL CORPORATION



Principal Place of Business
750 SAN REMO DRIVE
WESTON FL 33326

Mailing Address
750 SAN REMO DRIVE
WESTON FL 33326

2. Principal Place of Business

12535 Crange Dr.

3. Mailing Address

12535 Crange Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 602

Suite 602

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Country

Zip

Country

33330

U.S.

33330

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0561775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARANHA, JOSE
750 SAN REMO DRIVE
WESTON FL 33326

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

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

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 **D** ☐ Delete
NAME **ARANHA, JOSE**
STREET ADDRESS **750 SAN REMO DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **ELBAKRI, TAREK S**
STREET ADDRESS **750 SAN REMO DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **COMPTON, BRAD**
STREET ADDRESS **10226 TIMBERLAND PT. DR.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/25/03 (954) 4739888

Date

Daytime Phone #

CR2E034 (10/02)