

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90338 005 ***150.00

DOCUMENT # P02000094033

1. Entity Name

S+S World Traders, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4970 Fisherman's Dr

Suite, Apt. #, etc.

Apt 7

City & State

Coconut Creek, FL

Zip

33063

Country

Broward

3. Mailing Address

4970 Fisherman's Dr

Suite, Apt. #, etc.

Apt 7

City & State

Coconut Creek, FL

Zip

33063

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3711763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter E Schuetze

Street Address (P.O. Box Number is Not Acceptable)

4970 Fisherman's Dr Apt 7

City

Coconut Creek

FL

Zip Code

33063

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S/D/C/M
Peter E Schuetze
4970 Fisherman's Dr, Apt 7
Coconut Creek, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter E Schuetze

Peter E Schuetze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

Date

954 647-9393

Daytime Phone #

CR2E034B (12/02)