## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P93000034291 Feb 20, 2000 8:00 am 1. Entity Name Secretary of State MIMOSA TRADING COMPANY 02-20-2000 90049 019 \*\*\*150.00 Mailing Address Principal Place of Business 4800 S W 51ST STREET 4700 SW 51ST STREET SUITE 201 DAVIE FL 33314 DAVIE FL 33314-5511 US 3. Mailing Address 2. Principal Place of Business 800 SW 5/8 St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 201 Applied For City & State City & State 4. FEI Number 65-0241823 Not Applicable AVIE Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 115 A 3331<u>4</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKETT, TED Street Address (P.O. Box Number is Not Acceptable) 4700 SW 51ST STREET SUITE 201 DAVIÉ FL 33314 Zip Code City FL 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 是我是我们就必须 第二次 Cara to the SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE Delete BECKETT, BRIDGET NAME NAME 4700 SW 51 STREET, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME BECKETT, SHAUN NAME STREET ADDRESS STREET ADDRESS 332 BOBWHITE WAY CITY-ST-ZIP CITY-ST-ZIP SANGER, TX. Delete ☐ Change ☐ Addition TITLE TITLE **NEIGHBORS, BETHANY BECKET** NAME STREET ADDRESS STREET ADDRESS 2208 AUGUSTA AVE CITY-ST-ZIP CITY-ST-ZIP EDMOND OK Change ■ Addition ☐ Delete TITLE TITLE NAMPHY, MIMI NAME NAME STREET ADDRESS 4700 SW 51 STREET, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAMPHY, JOSEPH NAME NAME STREET ADDRESS 4700 SW 51 STREET, SUITE 201

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

4700 SW 51 STREET, SUITE 201

FT LAUDERDALE FL

BECKETT, MARCUS

FT LAUDERDALE FL

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: MIMI NAMPHY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition