## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000034888** May 09, 2000 8:00 am Secretary of State BARON TRADING SERVICES, INC. 05-09-2000 90031 010 \*\*\*150.00 Mailing Address Principal Place of Business 700 WEST HILLBORO BLVD. 700 WEST HILLBORO BLVD. SUITE 201. BUILDING 3 SUITE 201. BUILDING 3 DEERFIELD BCH FL 33441-1612 DEERFIELD BCH FL 33441 2. Principal Place of Business 3. Mailing Address EAST SAMPLE BOAT 440 440 EAST SAMPLE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE SUITEApplied For City & State 4. FEI Number 65-0406582 Not Applicable 33064 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent \_\_\_\_ 6.-Name and Address of Current Registered Agent-URESIN, NAIM M URESIN, NAIM M Street Address (P.O. Box Number is Not Acceptable) 700 WEST HILLBORO BLVD. SUITE 201, BUILDING 3 DEERFIELD BCH FL 33441 33064 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits x stateme SIGNATURE Signature, typed or pr 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. PSTA , NAIM M **PSC** TITLE TITLE Delete NAME URESIN, NAIM M NAME 440 EAST SAMPLE ROAD, SUITE 205 6939 TOWN HARBOUR BLVD., #612 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** COMPAND BEACH, FL 33064 ☐ Change Addition TITLE Delete TITLE NAME NAME MAGEE, AIDAN STREET ADDRESS STREET ADDRESS 700 WEST HILLBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SINNAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYP PRINTED NAME OF SIGNING OFFICER OR DIR