## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000008162** Mar 06, 2000 8:00 am Secretary of State SUNCOAST TRADING, INC. 03-06-2000 90011 047 \*\*\*150.00 Principal Place of Business Mailing Address 7800 W. OAKLAND PARK BLVD 7800 W. OAKLAND PARK BLVD BLDG. G BLDG, G SUNRISE FL 33351-6741 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0531124 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOVANOVIC, DOUGLAS P.A. Street Address (P.O. Box Number is Not Acceptable) -888 S.E. 3RD AVENUE 17 S.E. 24 STE: 400 --FORT LAUDERDALE FL 33316 Pompano Beach 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 SIGNATURE 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PTD TITLE □ Delete TITLE STAMM, THEO NAME STREET ADDRESS 7800 W. OAKLAND PARK BLVD., BLDG. "G" STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Change Addition TITLE ☐ Delete TITI F 17 S.E. 24th Ave Pompano Beach FC 33062 JOVANOVIC, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS <del>-888 S.E. 3RD AVE, SUITE 400-</del> CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Jovanovic 2-29-00