

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018369

1. Entity Name

EASTERN EXPORT TRADING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90012 006 ***150.00

Principal Place of Business

Mailing Address

~~4200 S. OCEAN BLVD~~

~~4200 S. OCEAN BLVD~~

~~503~~

~~503~~

~~SO PALM BEACH FL 33480~~

~~SO PALM BEACH FL 33462-4653~~

2. Principal Place of Business

3. Mailing Address

958 S. DIXIE HWY. 958 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE CHARLES FL

City & State

LAKE CHARLES FL

4. FEI Number

65-0473501

Applied For

Not Applicable

Zip

Country

33462 USA

Zip

Country

33462 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DVORJANINOV, ANDREI

~~420 S. OCEAN BLVD~~

~~#503~~

~~SO PALM BEACH FL 33980~~

ANDREI DVORJANINOV

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

958 S DIXIE HWY

City

LAKE CHARLES

FL

Zip Code 33462

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS DVORJANINOV, ANDREI
CITY-ST-ZIP 4200 S. OCEAN BLVD. #503
SO. PALM BEACH FL 33480

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

TITLE ☐ Delete
NAME DVS
STREET ADDRESS LUHALAID, MARJE
CITY-ST-ZIP 4200 S. OCEAN BLVD. #503
SO. PALM BEACH FL 33480

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)