

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032359

1. Entity Name

J.R. INTERNATIONAL TRADING, INC./BAYSIDE

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 043 ***150.00

Principal Place of Business

17021 N. BAY ROAD
~~UNIT 703 BLDG 4~~
SUNNY ISLES FL 33160

Mailing Address

17021 N. BAY ROAD
UNIT 703 BLDG 4
SUNNY ISLES FL 33160-3824

2. Principal Place of Business

401 Biscayne Blvd
Suite, Apt. #, etc

3. Mailing Address

19471 NW 8th St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Pembroke Pines FL

4. FEI Number

65-0485479

Applied For

Not Applicable

Zip 33132

Country Dade

Zip 33029

Country Broward

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

RAAD, AHMAD
17021 N. BAY ROAD
UNIT 703, BLDG 4
SUNNY ISLES FL 33160

Name RAAD, AHMAD

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

19471 NW 8th St

City Pembroke Pines

FL

Zip Code 33029

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

Ahmad Raad

2/15/2000

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	VTs	<input type="checkbox"/> Delete
NAME	RAAD, ERNESTINA	
STREET ADDRESS	17021 N. BAY ROAD UNIT 703 BLDG 4	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	RAAD, AHMAD	
STREET ADDRESS	17021 N. BAY ROAD UNIT 703 BLDG 4	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/15/2000

DATE

Daytime Phone #

(305) 962-6891

CR2E034 (9/99)