

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90314 018 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032359

## 1. Entity Name

J.R. INTERNATIONAL TRADING, INC./BAYSIDE

## Principal Place of Business

401 BISCAYNE BLVD  
MIAMI FL 33132

## Mailing Address

~~10471 NW 8TH ST~~  
~~PEMBROKE PINES FL 33029~~  
**3660 SW 185 Ave**  
**MIRAMAR FL 33029**

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0485479

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RAAD, AHMAD  
 10471 NW 4TH ST  
 PEMBROKE PINES FL 33029  
**3660 SW 185 Ave**  
**MIRAMAR FL 33029**

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

4/1/2001  
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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VTS	RAAD, ERNESTINA	<del>10471 NW 8TH ST</del> <b>3660 SW 185 Ave</b>	<del>SUNNY ISLES FL 33160</del> <b>MIRAMAR FL 33029</b>	<input type="checkbox"/>
PTS	RAAD, AHMAD	<del>10471 NW 8TH ST</del> <b>3660 SW 185 Ave</b>	<del>SUNNY ISLES FL 33160</del> <b>MIRAMAR FL 33029</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 (10/00)