

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90169 006 ***158.75

DOCUMENT # P94000052455

1. Entity Name
AMERICAN TRADING BUSINESS CORP.



Principal Place of Business
**10726 WILES ROAD
CORAL SPRINGS FL 33076
US**

Mailing Address
**10726 WILES ROAD
CORAL SPRINGS FL 33076
US**

2. Principal Place of Business
9690 W. SAMPLE RD S#104

3. Mailing Address
9690 W. SAMPLE RD S#104

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33065

Country
US

Zip
33065

Country
US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0605398**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAKAYA, HELIO
9925 N.W. 66TH MANOR
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name

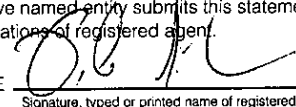
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> Delete
NAME	SAKAYA, RUMI	
STREET ADDRESS	9925 N.W. 66TH MANOR	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	P	<input type="checkbox"/> Delete
NAME	HELIO SAKAYA	
STREET ADDRESS	9925 N.W. 66TH MANOR	
CITY-ST-ZIP	PARKLAND FL 33076	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 753-5991

CR2E034 (10/02)