2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000059509**

Country

TOLEDO, RICHARD G

9. This corporation is eligible to satisfy its Intangible

URRUTIA, RUBEN O

HIALEAH FL 33012

4695 W 4TH AVE

Tax filing requirement and elects to do so.

(See criteria on back)

1840 W 49TH ST **SUITE 603-4** HIALEAH FL 33012

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

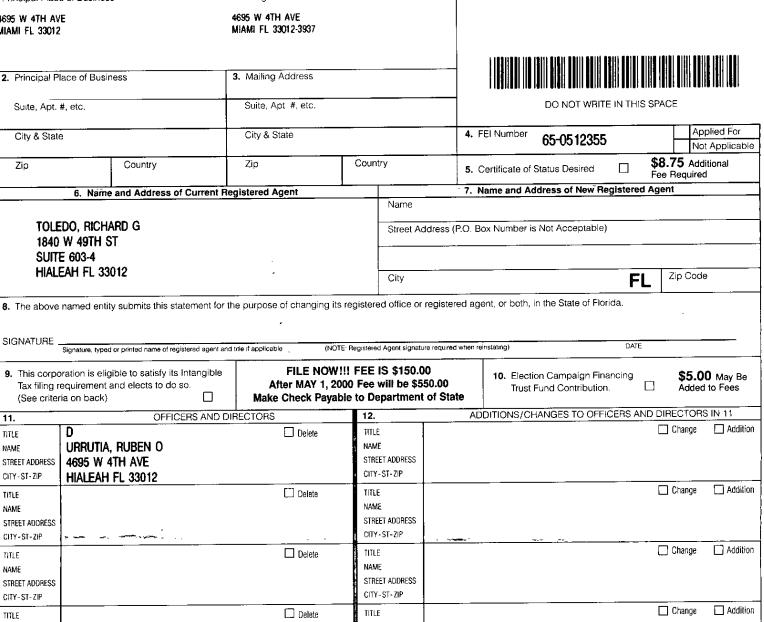
THE OLD TRADING POST INC.

Principal Place of Business 4695 W 4TH AVE MIAMI FL 33012	Mailing Address 4695 W 4TH AVE MIAMI FL 33012-3937	
2. Principal Place of Business	3. Mailing Address	
2. Findipar Flace of Business	5. Walling Addices	
Suite, Apt. #, etc.	Suite, Apt #, etc.	

Zip

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90174 011 ***150.00



CITY-ST-ZIP CITY-ST-7IP 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.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF FUNTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone # Date

Change

Change

☐ Addition

☐ Addition