

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILE

02 MAR 19 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 94 0000 67 321**

1. Entity Name:
ISLAND TRADERS OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9861 SW 222 TER		3. Mailing Address 9861 SW 222 TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33190	Country US	Zip 33190	Country US

1/16/02 100117 889-45
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0520904

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

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7. Name and Address of Current Registered Agent

Name
HUGH HARRISON

Street Address (P.O. Box Number is Not Acceptable)
9861 SW 222 TER

City
MIAMI FL Zip Code
33190

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 **Hugh Harrison (HUGH HARRISON) Hugh Harrison 3/13/02**
Signature (typed or printed name of registered agent and office is acceptable) (NOTE: Registered Agent signature is required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 D	NAME HUGH HARRISON
STREET ADDRESS 9861 SW 222 TER	
CITY-STATE-ZIP MIAMI, FL 33190	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Hugh Harrison (HUGH HARRISON) 3/13/02 (305) 232 2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE LISTED PHONE #

CR2E034B (12/01)