FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-11-2002 90151 041 ***150.00
P94000079457
02 OCT 24 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008578773
10/24/02--01103--007 **400.00

DOCUMENT # P94000079457

1. Entity Name
SIAMESE TRADER, O.G. INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2800 S OCEAN BLVD	6297 NW 69th WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach FL	City & State: PARKLAND FL
Zip: 33480 Country: Palm Beach	Zip: 33067 Country: BROWARD

4. FEI Number: 65-0528676 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GAIL SCHNEIDER

Street Address (P.O. Box Number is Not Acceptable): 6297 NW 69th WAY

City: PARKLAND FL Zip Code: 33067

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: _____ 10/22/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	President
NAME	GAIL Schneider
STREET ADDRESS	6297 NW 69th WAY
CITY-ST-ZIP	PARKland FL 33067
TITLE	
NAME	
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CITY-ST-ZIP	

10/25

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-5-02 954 7516499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #