

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 17, 2000 8:00 am  
Secretary of State

07-21-2000 90004 043 \*\*\*550.00

DOCUMENT # P95000018127

1. Entity Name

SAMAVA GLOBAL TRADE, INC.

Principal Place of Business

13899 BISCAYNE BOULEVARD  
SUITE 137  
NORTH MIAMI BEACH FL 33181  
US

Mailing Address

~~13899 BISCAYNE BOULEVARD~~  
~~SUITE 137~~  
~~NORTH MIAMI BEACH FL 33181~~  
~~US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11893 S.W.7th Street

Suite, Apt. #, etc.

Pembroke Pines

City & State

FL 33025 U.S.A.

Zip

Country

4. FEI Number

65-0562242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

ROLLE, DAVID  
1301 N.W. 103 STREET  
APT. #203  
MIAMI FL 33141

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PST ☒ Delete  
NAME BULLARD, CHARLES N  
STREET ADDRESS 13899 BISCAYNE BOULEVARD, SUITE 137  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Change ☐ Addition  
NAME BULLARD CHARLES.N.  
STREET ADDRESS 11893 S.W.7th Street  
CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.N. Bullard 8/7/00  
CHARLES N. BULLARD  
PRESIDENT