

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90177 018 ***150.00

DOCUMENT # P95000051198

1. Entity Name
SNL TRADING, INC.

Principal Place of Business
18042 SOUTHWEST 12 COURT
PEMBROKE PINES FL 33029

Mailing Address
18042 SOUTHWEST 12 COURT
PEMBROKE PINES FL 33029

2. Principal Place of Business
321 N. University DR.
 Suite, Apt. #, etc. **B-6**

3. Mailing Address
P.O. Box 822825
 Suite, Apt. #, etc.

City & State
PLANTATION, FL.
 Zip **33324** Country **USA**

City & State
S. FLORIDA, FL.
 Zip **33082-2825** Country **USA**



DO NOT WRITE IN THIS SPACE


4. FEI Number **65-0592213** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DHANANE, SURESH M.
18042 SOUTHWEST 12TH COURT
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
 Name **SURESH DHANANI**
 Street Address (P.O. Box Number is Not Acceptable) **321 N. University DR.**
SUITE B-6
 City **PLANTATION** FL Zip Code **33324**

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  DATE **4/30/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHANANI, SURESH M		NAME		
STREET ADDRESS	18042 SOUTHWEST 12 COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DHANANI, NEETA S		NAME		
STREET ADDRESS	18042 SOUTHWEST 12 COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE **4/30/01** (954) 723-0481
 Signature and typed or printed name of signing officer or director

CR2E034 (10/00)