

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000060339****1. Entity Name**

ASTRAS INTERNATIONAL TRADING COMPANY

**Principal Place of Business**

11030 NW 5TH ST

BOCA RATON  
33486

FL

US

**Mailing Address**

11030 NW 5TH ST

BOCA RATON  
33486

US

FL

**2. Principal Place of Business**

1030 NW 5TH ST

**3. Mailing Address**

1030 NW 5TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

BOCA RATON

FL

**City & State**

BOCA RATON

FL

**4. FEI Number****59-3353713**

Applied For

Not Applicable

Zip  
33486Country  
USZip  
33486Country  
US**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ASTRAS DAVID  
1941 SABRA DRIVETALLAHASSEE  
32303

FL

US

**7. Name and Address of New Registered Agent****Name**

ASTRAS DAVID JMR.

**Street Address (P.O. Box Number is Not Acceptable)**

1030 NW 5TH STREET

**City**

BOCA RATON

**FL**Zip Code  
33486**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 DAVID J. ASTRAS**

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

(NOTE: Registered Agent signature required when reinstating)

**05/01/2000**

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 \$150.00**  
**After MAY 1, 2000 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	WILEY, SHANNON	1030 NW 5TH STREET	BOCA RATON FL 33486	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	ASTRAS, RANDY	1941 SABRA DRIVE	TALLAHASSEE FL 32303	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ASTRAS, DAVE J.	1941 SABRA DRIVE	TALLAHASSEE FL 32303	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** David J. Astras, President

MAY 05/01/2000