## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 16, 2001 08:00 AM P95000060339 DOCUMENT# 1. Entity Name **Secretary of State** ASTRAS INTERNATIONAL TRADING COMPANY Principal Place of Business Mailing Address 1030 NW 5TH ST 1030 NW 5TH ST BOCA RATON FL BOCA RATON FL33486 33486 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3353713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASTRAS DAVID 1030 NW 5TH STREET Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL33486 US 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. DAVID J. ASTRAS 09/16/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition WILEY, SHANNON MAME NAME 1030 NW 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33486 CITY-ST-ZIP ☐ Delete $\mathbf{v}$ TITLE X Change NAME ASTRAS, RANDY NAME ASTRAS, RANDY STREET ADDRESS 1941 SABRA DRIVE STREET ADDRESS 1030 N.W. 5TH ST CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP BOCA RATON FL33486 Delete TITLE X Change ☐ Addition ASTRAS, DAVE J. NAME ASTRAS, DAVE J. STREET ADDRESS 1941 SABRA DRIVE STREET ADDRESS 1030 N.W. 5TH ST CITY-ST-ZIP TALLAHASSEE 32303 CITY-ST-ZIP BOCA RATON FL. 33486 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: David J. Astras P 09/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #