

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90122 047 ***150.00

DOCUMENT # P96000004221

1. Entity Name
OFFSHORE TRADING VENTURES, INC.



Principal Place of Business
**7601 EAST TREASURE DRIVE, SUITE 2212
NORTH BAY VILLAGE FL 33141**

Mailing Address
**7601 EAST TREASURE DRIVE, SUITE 2212
NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business
585 Golden Beach Drive
Suite, Apt. #, etc.

3. Mailing Address
585 Golden Beach Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Golden Beach Florida
Zip
33160 Country
U.S.

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4. FEI Number **65-0635234**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WILLINGER, BRIAN
7601 E. TREASURE DR.
2212
N. BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent
Name **Brian Willinger**
Street Address (P.O. Box Number is Not Acceptable)
585 Golden Beach Drive
City **Golden Beach** FL Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brian Willinger** **1-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLINGER, BRIAN P 7601 EAST TREASURE DRIVE, SUITE 2212 NORTH BAY VILLAGE FL 33141 <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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Willinger, Brian P. 585 Golden Beach Drive Golden Beach, Florida 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian Willinger** **1-15-03** **(305) 466-1323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)