

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014216

1. Entity Name

U.S.A. TRADING & INVESTMENTS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 020 ***150.00

Principal Place of Business

Mailing Address

PO BOX 691598
ORLANDO FL 32869

PO BOX 691598
ORLANDO FL 32869-1598
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3358361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, A. J. JR.
255 S. ORANGE AVE., STE. #1466
ORLANDO FL 32801

Name

ISSA F. LADHA

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

9020 EASTERLING DRIVE

City

ORLANDO

FL

Zip Code

32819

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

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LADHA, ISSA F
STREET ADDRESS 7680 REPUBLIC DR, 110
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS 9020 EASTERLING DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ST
NAME LADHA, NAVEEN
STREET ADDRESS 9020 EASTERLING DR
CITY-ST-ZIP ORLANDO FL

TITLE DST
NAME
STREET ADDRESS 407
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

407 876 8667

Date

Daytime Phone #

CR2E034 (9/99)