

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90172 008 ***158.75

DOCUMENT # P96000016671

1. Entity Name
TELE-TRADE CONSULTING CORPORATION



Principal Place of Business
5557 WEST OAKLAND PARK BOULEVARD
UNIT 245
LAUDERHILL FL 33313

Mailing Address
5557 WEST OAKLAND PARK BOULEVARD
UNIT 245
LAUDERHILL FL 33313

2. Principal Place of Business
5801 NW 62 AVE

3. Mailing Address
5801 N.W. 62 AVE.

Suite, Apt., etc.
104

Suite, Apt., etc.
104

City & State
TAMARAC FL

City & State
TAMARAC FL

Zip **33319** **Country** **USA**

Zip **33319** **Country** **USA**

4. FEI Number **59-3363452**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KOTLER, STEVEN
1501 8150 CLEARY BLVD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **STEVEN KOTLER**
Street Address (P.O. Box Number is Not Acceptable) **5801 N.W. 62 AVE.**
City **TAMARAC** **FL** **Zip Code** **33319**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	KOTLER, STEVEN	
STREET ADDRESS	#1501 8150 CLEARY BLVD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN KOTLER	
STREET ADDRESS	5801 NW 62 AVE	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

954 721-2965

Date

Daytime Phone #

CR2E034 (10/02)