

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025201

1. Entity Name

GULF WESTERN TRADING LTD. INTERNATIONAL CORPORAT

Principal Place of Business

613 OCEAN DRIVE STE 8C  
KEY BISCAYNE FL 33149

Mailing Address

613 OCEAN DRIVE STE 8C  
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0683130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HECHT, ALAN R.  
2670 NE 215 STREET  
MIAMI FL 33180

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 CD  
NAME FOGLER, EDWARD N  
STREET ADDRESS 613 OCEAN DRIVE STE 8C  
CITY-ST-ZIP KEY BISCAYNE FL 33149

Delete

TITLE PD  
NAME MERRILL, STEVEN  
STREET ADDRESS 2775 STATE ROAD 84, DOCK 15  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

Delete

TITLE PD  
NAME FOGLER, EDWARD N  
STREET ADDRESS 613 OCEAN DRIVE STE 8C  
CITY-ST-ZIP KEY BISCAYNE FL 33149

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Edward N Fogler, Chem. A.R.S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01

Date

Daytime Phone #

38985



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)