

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90029 016 ***158.75

DOCUMENT # P96000025201

1. Entity Name

**GULF WESTERN TRADING LTD. INTERNATIONAL CORPORAT
ION**

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CD		<input type="checkbox"/> Delete		Secy-Dir		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	FOGLER, EDWARD N				JEANNETTE BOSWORTH		
	613 OCEAN DRIVE STE 8C				613 OCEAN DR 8C		
	KEY BISCAYNE FL 33149				KEY BISCAYNE FL 33149		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PD		<input type="checkbox"/> Delete		Treasurer Dir		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	FOGLER, EDWARD N				JEANNETTE BOSWORTH		
	613 OCEAN DR 8C				613 OCEAN RIVE 8C		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	KEY BISCAYNE FL 33149				KEY BISCAYNE FL 33149		
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					DIRECTOR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					Mrs. YOLANA FOGLER,		
					613 OCEAN DRIVE 8C		
					KEY BISCAYNE FL 33149		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					DIRECTOR		
					CHRISTOPHER BOSWORTH.		
					c/o FOGLER 8c		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and 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

Date

Daytime Phone #

CR2E034 (9/01)