2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

12201 NW 35TH ST

#207

P96000052072

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

#207

12201 NW 35TH ST

CORAL SPRINGS FL 33065

1. Entity Name

SOUTH FLORIDA WORLD TRADERS, INC.

Country

6. Name and Address of Current Registered Agent



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90250 034 ***150.00

30002317



4. FEi Number 65-0676441			Applied For
03 0070441			Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
7. Name and Address of New Reg	İstere	d Agen	ıt
The second secon	_		

DATE

Name ARANOWITZ, ROBERT Street Address (P.O. Box N 3415 PINEWALK DR N #105 MARGATE FL 33063 City

Zip

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. 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)

Country

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

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ARANOWITZ, ROBERT NAME 12201 NW 35TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Date

Daytime Phone #

CR2E034 (10/02)