

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90153 013 \*\*\*150.00

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**DOCUMENT # P96000055889**

1. Entity Name  
**AMERICAN S.L. TRADING, INC.**



Principal Place of Business  
~~170 PERIWINKLE DR.~~  
~~HYPOLUXO FL 33462~~  
~~US~~

Mailing Address  
**American SI Trading Inc.**  
**170 Periwinkle Dr.**  
**Hypoluxo, FL 33462-6024**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

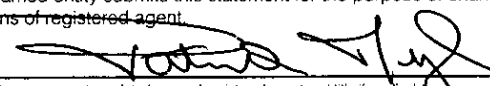
4. FEI Number **65-0717342** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~CHERRY, BEKOERT & ROELAND, LLP~~  
~~250 AUSTRALIAN AVENUE SOUTH~~  
~~SUITE 1201~~  
~~WEST PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent  
Name **PATRICK MOYAL**  
Street Address (P.O. Box Number is Not Acceptable)  
**208 N. UNIVERSITY DRIVE**  
City **Pembroke Pines** **FL** Zip Code **33024**

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  DATE **1/17/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTC LAURENT, GILBERT 170 PERIWINKLE DR HYPOLUXO FL 33460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD LAURENT, SEBASTIEN 170 PERIWINKLE DR HYPOLUXO FL 33460</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **02.23.03** 561547-3759  
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)