2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am DOCUMENT # **Secretary of State** 1. Entity Name 06-04-2001 90019 001 ***163.75 United Global Trading, Inc. Principal Elac : of Business Mailing Address 00057550 2. Principal Piace of Business 3. Mailing Address 16752, SW 5th Way Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & Stat∈ City & State Not Applicable Fort Lauderdale, FL Same 650685848 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33326</u> <u>Same</u> Same 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Raymakix Rajmati Paldano Augustine Paldano Stree: Address (P.O. Box Number is Not Acceptable) <u>16752, SW 5th Way</u> 16752, SW 5th Way Fort Lauderdale, FL 33326 Zip Code 33326 City Fort Lauderdale 8. The above named entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida. 05-10-2001 Paldano Signature, typed or printed name of registered agent and title if applic FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 Fee will be \$550.00 Make Check Payabi to Department of State Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition XI Delete TITLE TITLE President Prsident NAME Rajmati Paldano NAME Augustine Paldano STREET ADDRESS STREET ADDRESS 16752, SW 5th Way 16752, SW 5th Way CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, F1 33326 <u>Fort Lauderdale, Fl</u> 33326 Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP

on this report or supplemental report is true and accurate and that my 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or cn an attachment with an address, with all other like empowered.

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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D. RECTOR

Rajmati Paldano

05-10-2001

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