## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **P96000083622** 1. Entity Name F.A.S. TRADING CORP., INC. 05-23-2000 90224 006 \*\*\*150.00 Mailing Address Principal Place of Business 6834 WEDGEWOOD VILLAGE CT 6834 WEDGEWOOD VILLAGE CT LAKE WORTH FL 33463-7365 LAKE WORTH FL 33446 2. Principal Place of Business 3. Mailing Address Sui a, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numbe 65-0699413 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, RONALD R Street Address (P.O. Box Number is Not Acceptable) 240 W PALMETTO PARK RD SUITE 300 **BOCA RATON FL 33432** 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI E ☐ Change ☐ Addition ☐ Delete TITLE SEGUI, FRANCIS E MALAF NAME STREET ADDRESS 6834 WEDGEWOOD VILLAGE CT STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP LAKE WORTH FL 33446 Change Addition ☐ Delete TITLE TITLE SEGUI, APRIL 16834 WEDGEWOOD VILLAGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_2 CITY-ST-ZIF LAKE WORTH FL 33446 ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/30/00