2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P96000094571

1. Entity Name

PIONEER TRADING CORPORATION



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90084 022 ***150.00

					4.	GOO WE TWO							
Principal Pla	ace of Busine	ss	Maili	ng Address									
197 LAKEVIEW DR			197 LAKEVIEW DR							-		-	
B21-201				B21-201									
WESTON FL	. 33326		_	WESTON FL 33326									
			WLO	10N FL 33320									
2. Principal	Place of Bus	ness		illing Address									
•			0. 1010	or maning Address									
Suite, Apt. #, etc.			en	Suite, Apt. #, etc.									
			l our	oute, ript. II, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State									
•				v & State	*		4. FEI Numb	ber 65-07 (19388		<u> </u>	Applied For	
Zip Country			Zip		Count		Not Applicab						Э
						ıy	5. Certificate	e of Status De	sired		8.75 A		- 1
6. Name and Address of Current			nt Register	Registered Agent			Fee Required 7. Name and Address of New Registered Agent					ed	J
			it riegister.	ed Agent		Name	7. Name an	d Address of	New Re	gistered Ag	<u>jent</u>		┚
MIRPURI,	MOHAN						(
				,	Street Address (P.O. Box Number is Not Acceptable)							4	
	EVIEW DR				Ĺ				эршыы				
B21-201				r,			·	·					7
WESTON	FL 33326	•			. }	City							╛
<u>√″</u>	<u> </u>					•	•			FL	Zip Co		١
8. The above	e named entit	y submits this statement	for the purp	ose of changing its	registere	d office or registe	ered agent, or bo	th, in the Stat	e of Florid	da. Lam far	niliar with	and accept	-
the obliga	tions of regist	ered agent.		<i>;</i>		-	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	adi Tairita	miles with	, and accept	1
SIGNATURE													ļ
SIGNATURE	Signature, typed	or printed name of registered ager	at and title if app	licable. (NO1	F- Registered	Agent signature require	and subman asimutations.						
				,,,,		- gon agnotore require	ec when remstating)			DATE			1
**************************************	HLE:NOW!	!=FEE-IS \$150.00- 03 Fee will be \$550.00		اد برست	المهدا فأمتم	55 - Jan.		ection Campa			<u>حيمس</u> ي.	ره چېد	7
Make Check	ii iliay 1, 200 k Pavahia te	Florida Department	of Cinés					ust Fund Cont				00 May Be	
	n i dyddie ic						.			_	Adde	10:662	
10.	In	OFFICERS AND	FICERS AND DIRECTORS		11.		ADDITIONS	CHANGES T	O OFFICI	ERS AND D	IRECTOR	S IN 11	┨
TITLE	D			☐ Delete	TITLE			.,			Change	☐ Addition	13
NAME	MIRPURI, I	MOHAN			NAME					_	_ onango		8
STREET ADDRESS 197 LAKEVIEW DR, B21-201					STREET	ADDRESS							13
CITY-ST-ZIP	WESTON F	L 33326			CITY-S	T-ZIP							8
TITLE			:	☐ Delete	TITLE						7.05		}
NAME			•		NAME	ľ				L] Change	Addition	2
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-S								ĺ
TILE				☐ Delete	TITLE								┨
IAME				Li Detete	NAME	j] Change	Addition	ļ
TREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-ST	l l							١
ITLE					-	-211	_				—		
IAME				Delete .	TITLE	i					Change	☐ Addition	l
TREET ADDRESS					NAME								
ITY-ST-ZIP			· · · · ·	-		ADDRESS							ļ
					CITY-SI	ZIP			And the Personal Property of				
ITLE				Delete	, : TITLE	j					Change	☐ Addition	
AME					NAME	1					•	_	
TREET ADDRESS					STREET /								
		_			CITY-ST	-ZIP							
TLE				☐ Delete	TITLE		···········				Change	☐ Addision	
AME					NAME	[Ц	onange	☐ Addition	
REET ADDRESS					STREET A	DDRESS							
TY-ST-ZIP					CITY-ST	ZIP						ĺ	
hereby of	notific that that	-4	.1.1 (11)										

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

SIGNATURE: _