

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100807

MISSISSIPPI TRADING, INC.

YEAR 2002

NO FORM RECEIVED

(NC) LW

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90156 048 ***150.00

1. Business Name: 11310 INTERCHANGE CIRCLE N
MIRAMAR FL 33025
US

Mailing Address

11310 INTERCHANGE CIRCLE N
MIRAMAR FL 33025
US

2. Business Name		3. Mailing Address	
4. City & State		Suite, Apt. #, etc.	
5. Country		Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716484 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. I, the undersigned, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.

(NOTE: Registered Agent signature required when reinstating)

DATE:

10. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

P GERSON, STUART 159 FIELDS ROCK RD. SOUTHPORT CT 06490	<input type="checkbox"/> Delete
ST KIPPERMAN, ERIC 9 COVENTRY RD. LIVINGSTON NJ 07039	<input type="checkbox"/> Delete
VP LAFACI, JOSEPH 67 STEWART ST DEMAREST NJ 07627	<input type="checkbox"/> Delete
VP BERNSTEIN, STANLEY 1506 FOREST AVE BALDWIN NY 11510	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I, the undersigned, 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 supplied 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date:

Secretary of State