

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000020482**

1. Entity Name

**TRADE OFFSET, INC.****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90046 002 \*\*\*150.00

**A0016899**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5300 N.W. 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309 US	5300 N.W. 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309-6318 US

2. Principal Place of Business	3. Mailing Address
2900 NE 7TH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
POMPANO BEACH FL	

Zip	Country	Zip	Country
33064	BROWARD		

4. FEI Number	65-0745868	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SERCHAY, ALLAN**  
**5300 N.W. 33RD AVENUE**  
**SUITE 117**  
**FORT LAUDERDALE FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANNO, AUGUST		NAME		
STREET ADDRESS	5300 N.W. 33RD AVENUE, STE 117		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/25/00 954-783-65 Daytime Phone #