

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90047 012 ***150.00

DOCUMENT # P97000032941

1. Entity Name

CSP TRADING CORPORATION

Principal Place of Business

Mailing Address

8910 MIRAMAR PKY
 MIRAMAR FL 33029

8910 MIRAMAR PKWY
 STE 2108
 MIRAMAR FL 33025-4182

012209

2. Principal Place of Business

3. Mailing Address

1876 N. UNIVERSITY DR

1876 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101-0

SUITE 101-0

PLANTATION - FL

PLANTATION - FL

Zip
33322

Country
USA

Zip
33322

Country
USA

4. FEI Number **65-0744373**

Applied
 Not Applied

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

SLEMER, OCTAVIO A
10911NW 3 ST
PLANTATION FL 33324

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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **SLEMER, OCTAVIO A**
 STREET ADDRESS **10811 NW 3RD ST**
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 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 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

02-01-00 (954)382-03

Date

Daytime Phone #