

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050840

1. Entity Name

PHONANZA TRADING, INC.

Principal Place of Business

934 N UNIVERSITY DR
SUITE 218
CORAL SPRINGS FL 33071

Mailing Address

934 N UNIVERSITY DR
SUITE 218
CORAL SPRINGS FL 33071

2. Principal Place of Business

934 N. UNIVERSITY DR
SUITE 218

3. Mailing Address

934 N. UNIVERSITY DR
SUITE 218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CITY & STATE
CORAL SPRINGS FL

CITY & STATE

CORAL SPRINGS

Zip
33071

Country
BROWARD

Zip
33071

Country
FLORIDA

6. Name and Address of Current Registered Agent

BETANCOURT, ENRIQUE
110 NW 98 WAY
CORAL SPRINGS FL 33071

4. FEI Number

65-0759798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BETANCOURT, ENRIQUE 110 NW 98 WAY CORAL SPRGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BETANCOURT, MARIA E 110 NW 98 WAY CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2001 (954) 718-1727
Date Daytime Phone #

CR2E034 (10/00)