

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050840

1. Entity Name
PHONANZA TRADING, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90012 020 ***158.75

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

3. Mailing Address

934 N UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 218

SUITE 218

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Zip

Country

Country

33071

BROWARD

33071

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759798

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

BETANCOURT, ENRIQUE
110 NW 98 WAY
CORAL SPRINGS FL 33071

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 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BETANCOURT, MARIA E
110 NW 98 WAY
CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

2/13/2001 (954) 718-1727

CR2E034 (10/00)