AD & RD TRADING, INC.

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| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) | | | May 05, 2003 8:0 |
|---|--------------|--|------------------|
| DOCUMENT # 1. Entity Name | P97000064845 | | Secretary of Sta |

Principal Place of Business Mailing Address 2264 NW 87TH AVE 2264 NW B7TH AVE MIAMI FL 33172 MIAMI FL 33172 US 2. Principal Place of Business 3. Mailing Address 9737 NW 41 st street 9737 nw 41 st street Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES box 276 City & State City & State Applied For 65-0590482 IMAIM 33178 Not Applicable MIAMI FT 33178 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent jhanqimal <u>, sonia</u> JHANGIMAL, SONIA D Street Address (P.O. Box Number is Not Acceptable) 9737 nw 41st street i 2264 NW 87 AVE nw 41st street **MIAMI FL 33172** miami 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE pstd/ Change ☐ Addition JHANGIMAL, SONIA D NAME NAME jhangimal sonia STREET ADDRESS 2264 NW 87TH AVE STREET ADDRESS 9737 nw street TY-ST-ZIP **MIAMI FL 33172** CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 eath; 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 10 or Block 11 if

SIGNATURE: