

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070414

1. Entity Name

S & L Globus Trading, Inc.

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90001 003 \*\*\*150.00

A0061011

Principal Place of Business  
**169 E. Flagler St.  
Suite 941  
Miami, FL 33131**

Mailing Address  
**169 East Flagler Street  
Suite 941  
Miami, FL 33131**

2. Principal Place of Business  
**169 E. Flagler St.  
Suite, Apt. #, etc.  
Suite 941**

3. Mailing Address  
**169 E. Flagler St.  
Suite, Apt. #, etc.  
Suite 941**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

4. FEI Number  
**65-0772583**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**Leonid Krashenny  
802 NE 26th Ave.  
Hallandale, FL 33009**

## 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

4.25.01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE **DV** ☐ Delete  
NAME **Leonid Krashenny**  
STREET ADDRESS **802 NE 26th Avenue**  
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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 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

Daytime Phone #

4.25.01 305-461-9518

CR2E034 (11/00)