

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 28, 2000 08:00 AM  
Secretary of State****DOCUMENT # P97000094372****1. Entity Name****SAWGRASS TRADING COMPANY, INC.****Principal Place of Business**

13701 N.W. 22ND STREET

**Mailing Address**

P.O. BOX 451555

SUNRISE  
33323

FL

SUNRISE  
33345

FL

**2. Principal Place of Business**

575 SAWGRASS CORPORATE PARKWAY

**3. Mailing Address**

575 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

SUNRISE

FL

**City & State**

SUNRISE

FL

**4. FEI Number****65-0794814**

Applied For

Not Applicable

Zip  
33325

Country

Zip  
33325

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**DAPIZIO STACEY  
13701 N.W. 22ND STREETSUNRISE  
33323

FL

US

**7. Name and Address of New Registered Agent****Name**

DAPIZIO STACEY

**Street Address (P.O. Box Number is Not Acceptable)**

13701 N.W. 22ND STREET

City  
SUNRISE

FL

Zip Code  
33323**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 **STACEY DAPRIZIO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**01/28/2000**

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 Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete  
NAME DAPRIZIO JEFF  
STREET ADDRESS 13701 NW 22ND STREET  
CITY-ST-ZIP SUNRISE FL 33323TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: JEFF DAPRIZIO

01/28/2000