

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010601

1. Entity Name

LOCAL TRADING CO.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90219 042 ***150.00

Principal Place of Business

20604 NE 6 COURT
MIAMI FL 33179

Mailing Address

20604 NE 6 COURT
MIAMI FL 33179-2416

2. Principal Place of Business

2311 N. Andrews Ave

3. Mailing Address

2311 N. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Wilton Manors, Florida

Zip 33311

Country USA

Zip 33311

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0809993

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

DAVIS, MICHAEL S
2311 NORTH ANDREWS AVE.
WILTON MANORS FL 33311

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFFEL, SUSAN	
STREET ADDRESS	20604 NE 6 COURT	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFFEL, JORDAN	
STREET ADDRESS	20604 NE 6 COURT	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Susan Schaffel RESUSAN SCHAFFEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(654-1210)

CR2E034 (9/99)