

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000010601**

1. Entity Name

**LOCAL TRADING CO.****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90247 007 \*\*\*150.00

0254022

Principal Place of Business  
**2311 N ANDREWS AVE  
WILTON MANORS FL 33311  
US**

Mailing Address  
**2311 N ANDREWS AVE  
WILTON MANORS FL 33311  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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, 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 **D** ☐ Delete  
NAME **SCHAFFEL, SUSAN**  
STREET ADDRESS **20604 NE 6 COURT**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **Schaffel, Susan** ☒ Change ☐ Addition  
NAME **11105 Bexley LANE**  
STREET ADDRESS **Austin, TX 78739-1813**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHAFFEL, JORDAN**  
STREET ADDRESS **20604 NE 6 COURT**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **Schaffel, Jordan** ☒ Change ☐ Addition  
NAME **11105 Bexley Lane**  
STREET ADDRESS **Austin, TX 78739-1813**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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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** **SUSAN SCHAFFEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-18-01** **(512) 301-5478**  
Date Daytime Phone #

CR2E034 (10/00)