

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029194

1. Entity Name
GIOVAN TRADING SERVICES, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90005 002 ***550.00

Principal Place of Business
1239 NW 122ND TERRACE
PEMBROKE PINES FL 33126

Mailing Address
1239 NW 122ND TERRACE
PEMBROKE PINES FL 33126

2. Principal Place of Business
8346-I NW S. RIVER DR.
Suite, Apt. #, etc.

3. Mailing Address
S. RIVER DR.
Suite, Apt. #, etc.

City & State
MEDLEY, FLORIDA
Zip
33166
Country
U.S.A.

City & State
Zip
Country

4. FEI Number 65-0828744
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YEPES, GIOVANNI
1239 NW 122ND TERRACE
PEMBROKE PINES FL 33126

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME YEPES, GIOVANNI
STREET ADDRESS 1239 NW 122ND TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8346-I NW S. RIVER DRIVE
CITY-ST-ZIP MEDLEY, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 # _____

CR2E034 (5/00)