2000 UNIFORM BUSINESS REPORT (UBR)

SEHAR MOHAMMAD

FILED Jul 18, 2000 8:00 am DOCUMENT # **P98000033855** 1. Entity Name Secrétary of State I. S. TRADING CORPORATION 07-18-2000 90091 033 ***550.00 Mailing Address Principal Place of Business 600 NE 25TH STREET #73 600 NE 25TH STREET #73 MIAMI FL 33137 MIAMI FL 33137-4701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0842696 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired èee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEEHAR, MOHAMMAD IQBAL Street Address (P.O. Box Number is Not Acceptable) 600 NE 25TH STREET #73 **MIAMI FL 33137** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE TITLE SEEHAR, MOHAMMAD IQBAL NAME NAME STREET ADDRESS 600 NE 25TH STREET #73 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE: DISA

Daytime Phone #