

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90081 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050718

1. Entity Name
SDK TRADING, INC.

Principal Place of Business 3906 CARROLLWOOD PLACE CIRCLE APT. 102 TAMPA FL 33624	Mailing Address 3906 CARROLLWOOD PLACE CIRCLE APT. 102 TAMPA FL 33624-3064
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2. Principal Place of Business 19816 Sunsplash lane	3. Mailing Address 19816 Sunsplash lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz, Florida	City & State Lutz, Florida
Zip 33549	Zip 33549
Country USA	Country USA

4. FEI Number 59-3515131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEONAUTH, RAMKHEL A
 3906 CARRALLWOOD PL CIR 102
 TAMPA FL 32301-2525**

7. Name and Address of New Registered Agent

Name **Deonauth Ramkhelawan**
 Street Address (P.O. Box Number is Not Acceptable)
19816 Sunsplash lane
 City **Lutz** FL Zip Code **33549**

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 *Deonauth Ramkhelawan* DATE *4/20/00*
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 tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKHELAWAN, DEONAUTH 3906 CARROLLWOOD PLACE CIRCLE #102 TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMNAUTH, KOMAL 3724 CYPRESS MEADOWS TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, SHELDON 3906 CARROLLWOOD PLACE CIRCLE #102 TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKHELAWAN, DEONAUTH 19816 Sunsplash Lane Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 the empowered.

SIGNATURE: *Deonauth Ramkhelawan* DATE *4/20/00* DAYTIME PHONE # *(813) 926 3611*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)