

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90484 045 ***150.00

DOCUMENT # P98000057217

1. Entity Name
SUNWARD TRADING, INC.



Principal Place of Business
**7171 CORAL WAY
SUITE 402
MIAMI FL 33155**

Mailing Address
**7171 CORAL WAY
SUITE 402
MIAMI FL 33155**



2. Principal Place of Business
6262 BIRD ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 2A

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33155

Country
USA

Zip

Country

4. FEI Number
65-0852289

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

**HAUGLAND, MARIA H
7171 CORAL WAY
SUITE 402
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

6262 BIRD ROAD, SUITE 2A

City
MIAMI FL.

FL
Zip Code
33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HAUGLAND, MARIA H
7171 CORAL WAY SUITE 402
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6262 BIRD ROAD, SUITE 2A
MIAMI FL. 33155** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HAUGLAND, MARIA H
7171 CORAL WAY SUITE 402
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6262 BIRD ROAD, SUITE 2A
MIAMI FL. 33155** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria H. Haugland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 (305) 665-6900

Date

Daytime Phone #

CR2E034 (10/02)