2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000058991** Jan 12, 2000 8:00 am Secretary of State SANDAN TRADING, INC. 01-12-2000 90097 011 ***150.00 Principal Place of Business Mailing Address 8488 N.W. 43RD COURT 8488 N.W. 43RD COURT CORAL SPRINGS FL 33065-1305 CORAL SPRINGS FL 33065-1305 2. Principal Place of Business 9838 W. Sam 3. Mailing Address Samole Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0848537 ioral Not Applicable (brat \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name _ MILLER, RONALD L ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BOULEVARD SUITE 320 HOLLYWOOD FL Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE Lang Daniel B 9838 W. Sample Rd. NAME LANG, DANIEL B STREET ADDRESS STREET ADDRESS 8488 N.W. 43RD COURT 330*6*5 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065-1305 ☐ Change ■ Addition TITLE TITLE Delete NAME NAME LANG, SANDRA STREET ADDRESS STREET ADDRESS 8488 N.W. 43RD COURT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065-1305 Change Delete TITLE TITLE Steven Barad NAME NAME 9838 W. Sample Rd. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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)(1). 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 exciver or trustage 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 attac with all other like empowered. SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Davtime Phone #