

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90099 036 ***150.00

DOCUMENT # P98000072394

1. Entity Name

FAR EAST TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2198 MAIN STREET~~
~~SARASOTA FL 34237-0024~~

S620 GULF OF MEXICO DRIVE

2. Principal Place of Business

3. Mailing Address

~~720 PENFIELD ST~~
~~LONGBOAT KEY FL 34228~~

720 PENFIELD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

City & State

City & State

LONGBOAT KEY, FL

LONGBOAT KEY, FL

Zip

Country

Zip

Country

34228

USA

34228

USA

4. FEI Number

65-0861985

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

~~ROBERGE, THOMAS C~~
~~1 BEACH DR. SE~~
~~SUITE 220~~
~~ST PETERSBURG FL 33701~~

Name

PLATT, MICHAEL

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

720 PENFIELD ST.

City

LONGBOAT KEY

FL

Zip Code

34228

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

MICHAEL PLATT

3-20-2000

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, MICHAEL	
STREET ADDRESS	720 PENFIELD STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL PLATT, **3-20-2000**, **941 387 0468**

CR2E034 (9/99)