

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072394

1. Entity Name  
FAR EAST TRADING COMPANY, INC.

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90461 013 \*\*\*150.00  
07-31-2002 90107 014 \*\*\*400.00

Principal Place of Business  
5803 15ST EAST  
BRADENTON FL 34205  
US

Mailing Address  
720 PENFIELD ST  
LONGBOAT KEY FL 34228  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6201 15 ST EAST Suite, Apt. #, etc. UNIT 1		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0861985		Applied For Not Applicable	
City & State BRADENTON FL		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34203	Country U.S.A.	Zip	Country				

6. Name and Address of Current Registered Agent PLATT, MICHAEL 720 PENFIELD ST LONGBOAT KEY FL 34228		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Taxfiling requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, MICHAEL 720 PENFIELD STREET LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PLATT, MICHAEL 6/10/02 941-780-0582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)