

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073931

1. Entity Name

NOWTRADE CORP. ✓

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 024 \*\*\*150.00

828877

DO NOT WRITE IN THIS SPACE

Principal Place of Business

207-37TH AVE N.  
#332

ST. PETERSBURG, FL 33704

Mailing Address

207-37TH AVE N.  
#332

ST PETERSBURG, FL  
33704

2. Principal Place of Business

405 CENTRAL AVE.

Suite, Apt. #, etc.

LOBBY LEVEL

City & State

ST PETERSBURG, FL

Zip

33701

Country

PINELLAS

3. Mailing Address

405 CENTRAL AVE

Suite, Apt. #, etc.

LOBBY LEVEL

City & State

ST PETERSBURG, FL

Zip

33701

Country

PINELLAS

4. FEI Number

40326  
59-359-4743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KYRIAKIDES, MARIA

204 37TH AVE. N.

ST PETERSBURG, FL

33704

7. Name and Address of New Registered Agent

Name

KYRIAKIDES, ANASTASIOS

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

405 CENTRAL AVE.

LOBBY LEVEL

City

ST PETERSBURG

FL

Zip Code

33701

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 ANASTASIOS KYRIAKIDES

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/23/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KYRIAKIDES, MARIA	
STREET ADDRESS	204-37TH AVE N. #332	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KYRIAKIDES, MARIA	
STREET ADDRESS	204-37TH AVE N. #332	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASIOS KYRIAKIDES	
STREET ADDRESS	405 CENTRAL AVE. LOBBY LEVEL	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KYLE G. KENNEDY	
STREET ADDRESS	405 CENTRAL AVE. LOBBY LEVEL	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	SENIOR V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY A. TIDWELL	
STREET ADDRESS	405 CENTRAL AVE. LOBBY LEVEL	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERSON BOYD	
STREET ADDRESS	7411 N.W. 9TH ST	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: KYLE G. KENNEDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00

CR2E034 (9/99)