

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90013 034 \*\*\*163.75

DOCUMENT # **P98000084668**

1. Corporation Name

**TRADE CONNECTION, INC.**



Principal Place of Business

**495 NE 168TH ST  
N MIAMI BEACH FL 33162**

Mailing Address

**495 NE 168TH ST  
N MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/02/1998**

4. FEI Number

**65-0867612**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☒

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 555 SOUTH LUNA COURT**

2a. Mailing Address

**26 P.O. Box. 640846**

Suite, Apt. #, etc.

**107**

Suite, Apt. #, etc.

City & State

**23 HOLLYWOOD, FLORIDA**

City & State

**28 MIAMI, FLORIDA**

Zip

**24 33021**

Country

Zip

**29 33164**

Country

**30**

9. Name and Address of Current Registered Agent

**UPADHYA, SHAIKATALI  
495 NE 168TH ST  
N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

**81 Name SHAIKATALI UPADHYA,**

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

**555 SOUTH LUNA COURT,  
APT # 107,**

**84 City HOLLYWOOD**

**FL 85 Zip Code 33021**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **UPADHYA, SHAIKATALI**

STREET ADDRESS **495 NE 168TH ST**

CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ShaiKatali Upadhyaya** **SHAIKATALI UPADHYA**

**7-20-99 954-989-4290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0058392

PA 8000084668  
597542-90013-34

TRADE CONNECTION, INC.,

SHANKATALI UPADHYA,

P.O. Box 640846,

MIAMI, FLORIDA, 33164.

7-22-99

FLORIDA DEPARTMENT OF STATE,

DIVISION OF CORPORATIONS,

ANNUAL REPORTS FILLINGS,

SECRETARY OF STATE,

KATHERINE HARRIS,

Here are a few lines to let you know that, since I have moved and Relocated myself, I have been missing a lot of my mail.

Yesterday I Received a 2<sup>nd</sup> Notice on the Corporation Annual Report filing without getting the 1<sup>st</sup> Notice

I haven't started any Business yet, But would like to maintain the Corporation, may Be - latter on this year, when the economic conditions get strong & favorable for me to start the Business. At this time I don't know when. ? Thank you for your time, and I hope you understand my situation. I Remain,

PLEASE SEND ALL MY MAIL,  
TO MY P.O. BOX ADDRESS.

Yours Faithfully

Shankatali Upadhyaya