

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90057 003 \*\*\*150.00

**DOCUMENT # P98000094192**

1. Entity Name  
**HCF TRADING, INC.**

Principal Place of Business      Mailing Address  
**915 MIDDLE RIVER DRIVE**      **915 MIDDLE RIVER DRIVE**  
**STE. 321**      **STE. 321**  
**FORT LAUDERDALE FL 33304**      **FORT LAUDERDALE FL 33304-3560**

2. Principal Place of Business      3. Mailing Address  
**1416 NE 27<sup>th</sup> DRIVE**      **1416 NE 27<sup>th</sup> DRIVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**WILTON MANORS**      **WILTON MANORS**

4. FEI Number      Applied For  
**65-0873989**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COUDE DU FORESTO,**  
**400 NE 17TH WAY**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name: **COUDE DU FORESTO**  
 Street Address (P.O. Box Number is Not Acceptable): **1416 NE 27<sup>th</sup> DRIVE**  
 City: **WILTON MANORS FL 33334**

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]*      DATE: **03/31/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>COUDE DU FORESTO, HUGUES</b> <b>400 NE 17TH WAY</b> <b>1416 NE 27<sup>th</sup> Drive</b> <b>FT. LAUDERDALE FL 33301</b> <b>WILTON MANORS FL 33334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DO NOT WRITE IN THIS SPACE

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]*      **03/31/00**      **9545379190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR00001/01000