

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90159 012 ***150.00

DOCUMENT # P98000095759

1. Entity Name

TRADE LINK GROUP, INC.

Principal Place of Business

Mailing Address

~~1168 S. U.S. ONE~~
~~D-2 SOUTH VERO PLAZA~~
~~VERO BEACH FL 32962-5605~~

~~1168 S. U.S. ONE~~
~~D-2 SOUTH VERO PLAZA~~
~~VERO BEACH FL 32962-5605~~

200 S. Indian River Dr.

2. Principal Place of Business

3. Mailing Address

200 Indian River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

Ft. Pierce, FL.

Ft. Pierce, FL.

Zip

Country

Zip

Country

34950 St. Lucie

34950 St. Lucie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	ATWAN, ISMAIL A	
STREET ADDRESS	1168 S. U.S. ONE, SOUTH VERO PLAZA	
CITY-ST-ZIP	VERO BEACH FL 32962-5605	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ATWAN, ELIZABETH A	
STREET ADDRESS	1168 S. U.S. ONE, SOUTH VERO PLAZA	
CITY-ST-ZIP	VERO BEACH FL 32962-5605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ismail Atwan **1-18-2001** **561 4890580**

CR2E034 (10/00)