

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90037 032 ***150.00

DOCUMENT # P99000001130

1. Entity Name

DEMERARA INTERNATIONAL TRADING CO.

Principal Place of Business

245
455 NORTH OCEAN BOULEVARD #301
DEERFIELD BEACH FL 33441

Mailing Address

245
455 NORTH OCEAN BOULEVARD #301
DEERFIELD BEACH FL 33441

2. Principal Place of Business

245 N. OCEAN BLVD.
 Suite, Apt. #, etc.
301

3. Mailing Address

245 N. OCEAN BLVD. #301
 Suite, Apt. #, etc.
301

City & State

DEERFIELD BEACH
 Zip
33441
 Country
U.S.A.

City & State

DEERFIELD BEACH
 Zip
33441
 Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

650891620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARR, GEORGE F
455 NORTH OCEAN BOULEVARD #301
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
 NAME **KARR, GEORGE F**
 STREET ADDRESS **2705 CONGRESSIONAL WAY**
 CITY-ST-ZIP **POMPANO BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

G.F. Karr **GEORGE F. KARR** **4/21/00** **(954)481-9393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)