

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90477 010 ***150.00

DOCUMENT # P99000009569

1. Entity Name
 MZ Trading, Inc.

Principal Place of Business
 3211 Coral Lake Drive
 Coral Springs, FL 33065
 USA

Mailing Address
 3211 Coral Lake Drive
 Coral Springs, FL 33065
 USA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
 65-0899031

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

Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

American Information Svcs. Inc.
 One S.E. 3rd Avenue
 29th Floor
 Miami, FL 33131

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 _____ (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**

i. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/S/T Mikhail Zaritski 3211 Coral Lake Drive Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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: Wayne Holwitz **5-1-00** **954-484-1100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)