

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90048 045 ***150.00

0132784 AV

DOCUMENT # P99000010531

1. Entity Name
DHARANA TRADING, INC.

Principal Place of Business

**19262 N.W. 89TH AVE.
 MIAMI LAKES FL 33018**

Mailing Address

**801 W 49 STREET
 224
 HIALEAH FL 33012**

2. Principal Place of Business

**6688 S.W. 192 Av.
 Suite, Apt. #, etc.**

3. Mailing Address

**6688 S.W. 192 Av.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL.

Zip Country
33332-1631 U.S.A.

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PEMBROKE PINES, FL.

Zip Country
33332-1631 U.S.A.

4. FEI Number **65-0907623**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PARRELLA, GILBERTO
 19262 N.W. 89TH AVE.
 MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent

Name **OMARA FIGUEROA**
 Street Address (P.O. Box Number is Not Acceptable)
6688 S.W. 192 Av.
 City **PEMBROKE PINES FL** Zip Code **33332-1631**

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.)

OMAR A. FIGUEROA

(NOT Registered Agent signature required when reinstating)

2/12/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	PARRELLA, GILBERTO	
STREET ADDRESS	19262 N.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLIETMANN, MONIKA	
STREET ADDRESS	19262 N.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

2/12/02

Date

954-689-0444

Daytime Phone #

CR2E034 (9/01)