

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010724

1. Entity Name

VADAJA TRADING CORP.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90017 027 \*\*\*150.00

Principal Place of Business

Mailing Address

4756 N.W. 97TH COURT  
MIAMI FL 33178

4756 N.W. 97TH COURT  
MIAMI FL 33142-7424

2. Principal Place of Business

2080 NW 18 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33142

City & State

Zip

33142

Country

MIAMI DADE

Zip

Country

4. FEI Number

65-0892280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAIED, SAMMY

4756 N.W. 97TH COURT

MIAMI FL 33178

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

SAMMY SAIED

4-19-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PSD	SAED, RAFY M		
4756 N.W. 97TH COURT			
MIAMI FL 33178			
VTD	SAED, RONY M		
4756 N.W. 97TH COURT			
MIAMI FL 33178			

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 #

SAMMY SAIED 4/19/00 (305) 326-9006

CR2E034 (9/99)