

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State
 03-06-2000 90132 045 ***150.00

DOCUMENT # P99000013430

1. Entity Name

HEMISPHERE TRADING INTERNATIONAL, INC.

Principal Place of Business

10113 N.W. 13TH CT.
 PLANTATION FL 33322

Mailing Address

10113 N.W. 13TH CT.
 PLANTATION FL 33322-6573

2. Principal Place of Business

10113 NW 13th Ct.

Suite, Apt. #, etc.

3. Mailing Address

10113 NW 13th Ct.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL 33322

Zip 33322

Country USA

City & State

Plantation, FL

Zip 33322

Country USA

4. FEI Number

65-0902198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, ANDREW L P.A.
 4300 N. UNIVERSITY DR., STE. C-203
 FT. LAUDERDALE FL 33351

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 NAME STREET ADDRESS CITY-ST-ZIP | President CARY Kingberg 10113 NW 13th Ct. Plantation, FL 33322 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARY B. KINGBERG 03/02/00 954-462-8620

CR2E034 (9/99)