

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019449

1. Entity Name

SAMRAF TRADING, INC.

R

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90187 050 ***150.00

Principal Place of Business Mailing Address
% BRAHM D. LEVINE, C.P.A. % BRAHM D. LEVINE, C.P.A.
515 NORTH FLAGLER DRIVE #300-P 515 NORTH FLAGLER DRIVE #300-P
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-4326

2. Principal Place of Business 3. Mailing Address
C/O BRAHM D. LEVINE, C.P.A. C/O BRAHM D. LEVINE, C.P.A.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. Fee Number 65-1009391 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
SPIEGEL & UTRERA, P.A. Name BRAHM D. LEVINE, C.P.A.
343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR. #300-P
CORAL GABLES FL 33134 City WEST PALM BEACH FL Zip Code 33401

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 Brahm D. Levine, C.P.A. DATE
(NOTE: Registered Agent signature required when reinstating)

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		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTAN, RAFFI		NAME		
STREET ADDRESS	515 NORTH FLAGLER DRIVE #300-P		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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
APR. 17/00 561-802-4163
Date Daytime Phone #

CR2E034 (9/99)