2000 UNIFORM BUSINESS REPORT (UBR)

4/26/

FILED
Jun 05, 2000 8:00 am
Secretary of State
04-26-2000 90186 011 ***150.00

DOCUMENT # P99000030785

1. Entity Name

SRI LAKSHMI TRADING COMPANY INC.

Principal Place of Business	Mailing Address
3220 VIRGINIA ST MIAMI FL 33133	3220 VIRGINIA ST MIAMI FL 33133-5218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0898472 ☐ 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
BRADMAN, HEYWARD A 10821 SW 171ST ST MIAMI FL 33157	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~VELAZCO, HECTOR~~ PO BOX 330337 MIAMI FL 33233	☒ Delete	PD BENAVENTE, JULIO C. 3220 VIRGINIA STREET MIAMI, FL. 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~SAUERCO, PAULO ROBERTO~~ PO BOX 330337 MIAMI FL 33233	☒ Delete	VD SANCHEZ, JAVIER 3220 VIRGINIA STREET MIAMI, FL. 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SE ~~DAS, SAMBA~~ PO BOX 330337 MIAMI FL 33233	☒ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD CATALANO, GUSTAVO 3220 VIRGINIA STREET MIAMI, FL. 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VD CHOY, LADISLAO 3220 VIRGINIA STREET MIAMI, FL. 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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] JAVIER SANCHEZ 4/18/00 305-442-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #