

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030785

1. Entity Name

SRI LAKSHMI TRADING COMPANY INC.

Principal Place of Business

3220 VIRGINIA ST
MIAMI FL 33133

Mailing Address

3220 VIRGINIA ST
MIAMI FL 33133

2. Principal Place of Business

14021 S.W. 320 Street

Suite, Apt. #, etc.

3. Mailing Address

14021 S.W. 320 Street

Suite, Apt. #, etc.

City & State

Homestead, FL. 33033

City & State

Homestead, FL. 33033

Zip

33033

Country

Miami-Dade

Zip

33033

Country

Miami-Dade

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, 2001 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 ~~PD~~ ☒ Delete
NAME ~~VELAZCO, HECTOR~~
STREET ADDRESS ~~PO BOX 330337~~
CITY-ST-ZIP ~~MIAMI FL 33233~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☒ Delete
NAME ~~SAUERCO, PAULO ROBERTO~~
STREET ADDRESS ~~PO BOX 330337~~
CITY-ST-ZIP ~~MIAMI FL 33233~~

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS Ruben A. Stegich
CITY-ST-ZIP 14021 S.W. 320 Street
Homestead FL. 33033

TITLE ~~SE~~ ☒ Delete
NAME ~~DAS, SAMBA~~
STREET ADDRESS ~~PO BOX 330337~~
CITY-ST-ZIP ~~MIAMI FL 33233~~

TITLE ☒ Change ☐ Addition
NAME S/T/D
STREET ADDRESS Gustavo Catalano
CITY-ST-ZIP 14021 S.W. 320 Street
Homestead, FL. 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Julio Benavente
CITY-ST-ZIP 14021 S.W. 320 Street
Homestead, FL. 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Ladislao Choy
CITY-ST-ZIP 14021 S.W. 320 Street
Homestead, FL. 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

RUBEN A STEGICH

4/8/01

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE