

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90020 037 ***150.00

0160714 AV

DOCUMENT # P99000030785

1. Entity Name
SRI LAKSHMI TRADING COMPANY INC.

Principal Place of Business

**14021 SW 320 STREET
HOMESTEAD FL 33033**

Mailing Address

**14021 SW 320 STREET
HOMESTEAD FL 33033**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0898472**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **RICARDO ANTONIO PALLERES**

Street Address (P.O. Box Number is Not Acceptable)

14021 SW 320 ST.

City **HOMESTEAD**

FL

Zip Code **33033**

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 **RICARDO ANTONIO PALLERES**

01/06/02

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, 2002 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 **STEGICH, RUBEN**
STREET ADDRESS **14021 SW 320 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **PD** ☒ Change ☐ Addition
NAME **RICARDO PALLERES**
STREET ADDRESS **14021 SW 320 ST**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **STD** ☒ Delete
NAME **CATALANO, GUSTAVO**
STREET ADDRESS **14021 SW 320 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **ST** ☒ Change ☐ Addition
NAME **LEON LEVY**
STREET ADDRESS **14021 SW 320 ST**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **D** ☒ Delete
NAME **BENAVENTE, JULIO**
STREET ADDRESS **14021 SW 320 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

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

TITLE **D** ☒ Delete
NAME **CHOY, LADISLO**
STREET ADDRESS **14021 SW 320 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33033**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

RICARDO ANTONIO PALLERES

01-07-02 305-247-8109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)