## F6 /401.7

**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900050308  1. Entity Name  TRADELINKS USA, INC.					Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90002 050 ***150.00			
Principal Place of Business  9341-B AIRPORT BLVD  ORLANDO FL 32827		Mailing Address 7081 GRAND NATIONAL DRIVE #110 ORLANDO FL 32819						
2. Principal Place of Business		3. Mailing Address  7111 GRAND NATIONAL DR		DR.		<b>                                    </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State ORLANDO, FL		4. 1	FEI Number <b>59-3639685</b>		Applied For Not Applicable	
Zip	- Country	<sup>Zip</sup> 32819	Country USA	5. (	Certificate of Status Desired	□ \$8.75 A Fee Requ		
<del> </del>	6. Name and Address of Current I	Registered Agent	Name	7. 1	Name and Address of New Re	egistered Agent		-
SIDDIQUI, SHAHAB 6220 MEREDITH ERIN LANE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819								1
			City			FL Zip Co	ode	
				0	einstating)  10. Election Campaign Fina Trust Fund Contribution	· _ <b>~</b>	.00 May Be	-
11.	OFFICERS AND I		12.	AD	DITIONS/CHANGES TO OFFI			] <u>_</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIDDIQUI, SHAHAB 7081 GRAND NATIONAL DRIVE # 110		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e ☐ Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIDDIQUI, MOHAMMAD M 7081 GRAND NATIONAL DRIVE # ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	e ☐ Addition	] 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF SIDDIQUI, FAIZA S 7081 GRAND NATIONAL DRIVE # ORLANDO FL 32819	Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP			☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my	signature shall har	ve the same I	legal effect as if made under or	ath; that I am an offic	er or director	

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sippiani

01/08/02

Daytime Phone #