2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000050308

1. Entity Name

TRADELINKS USA, INC.



Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90477 036 ***150.00

FILED

9341-B AIRPORT BLVD 7 ORLANDO FL 32827 S			711 Sul	lailing Address 111 GRAND NATIONAL DR. GUITE 108 IRLANDO FL 32819				-)))) Ef il) E f	(<u>8) (8) (1)</u> (8) (8)	1	
320	17 E.G	olonial Dr.	3. M	ailing Address			· · · · · · · · · · · · · · · · · · ·	- 	 	ia ialih eahii bi				
<u>+ 18</u>				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State OKLANDO, FL				City & State				4. FEI Number 59-3639685					Applied For	
Zip 3	2403	Country	Zip)	Coun	try		5. Certific	cate of Statu			\$8.75	Not App Additiona	
	6. Name	and Address of Current	Register	ed Agent	Ь			7 Name	and Addres	s of New R		Fee Red	quired	
<u></u>		~ * * * * * * * * * * * * * * * * * * *				Name		7. Ivalile	anu Auures	SS OT NEW H	egistered	Agent		
SIDDIQUI, SHAHAB							چين دره دولوه 				-· ·-	ع		
6220 MEREDITH ERIN LANE						Street	Address (F	P.O. Box Nui	mber is Not	Acceptable)			_
ORLAND	O FL 32819				i								-	
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·						City					F	Zip (Code	.
8. The abov	e named entity	submits this statement for ered agent.	or the purp	oose of changing its	reaistere	d office c	or registere	ed agent or	both in the	State of Fig.		<u>-</u>		
the obliga	ations of registe	ered agent.		0 0	- 3		» (09)010/0	ou agent, or	oom, in the	State of Fib	noa. Lan	ı tamiliar w	ith, and ac	cept
SIGNATURE	•													
0.0.0.0.0.	Signature, typed o	or printed name of registered agent	and title il app	licable. (NOT	E: Registered	Agent signa	fure required v	when reinstating)						_
,	ILE NOWIII	FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·				The stating)			DATE			
Afte	May 1, 200	Fee will be \$550.00						9.	Election Ca	mpaign Fina	noioa	Δ.	- 00	
Make Chec	k Payable to	Florida Department of	State					"	Trust Fund	Contribution	incing [5.00 May ded to Fee	
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12. 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 10 or Block 11 if the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRI

03/12/03.

(404) 352-5880.

Daytime Phone #

CR2E034 (10/02)