

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90002 025 \*\*\*150.00

**DOCUMENT # P99000066331**

**1. Entity Name**  
**NORTH AMERICA PURCHASE & TRADE, INC.**

**Principal Place of Business**

**11800 N.W. 102 RD., #1  
 MEDLEY FL 33178**

**Mailing Address**

**11800 N.W. 102 RD., #1  
 MEDLEY FL 33178**

**2. Principal Place of Business**

**888 S. Andrews Ave**

Suite, Apt. #, etc.

**301**

City & State

**FT. Lauderdale, FL**

Zip

**33316**

Country

**USA**

**3. Mailing Address**

**888 S. Andrews Ave**

Suite, Apt. #, etc.

**301**

City & State

**FT. Lauderdale, FL**

Zip

**33316**

Country

**USA**

**6. Name and Address of Current Registered Agent**

**BOREN, BARRY M ESQ  
 9200 SO. DADELAND BLVD., SUITE 412  
 MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**4. FEI Number**

**65-0938270**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**9. 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, 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**

**TITLE** **D** ☐ Delete  
**NAME** **TOMINELLI, JOHN**  
**STREET ADDRESS** **9200 SO. DADELAND BLVD., SUITE 412**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** **D** ☐ Delete  
**NAME** **O'SHEA, GEORGE M**  
**STREET ADDRESS** **239 E ENID DRIVE**  
**CITY-ST-ZIP** **KEY BISCAYNE FL 33149**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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 #

CR2E034 (9/01)