

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90315 037 ***150.00

DOCUMENT # P99000066331

1. Entity Name

NORTH AMERICA PURCHASE & TRADE, INC.



Principal Place of Business
**888 S. ORANGE AVE.
SUITE 301
FORT LAUDERDALE FL 33316**

Mailing Address
**888 S. ORANGE AVE.
SUITE 301
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

888 South Andrews Ave.

Suite, Apt. #, etc.
Suite# 301

3. Mailing Address

888 South Andrews Ave.

Suite, Apt. #, etc.
Suite# 301

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Zip

33316

Country

4. FEI Number

65-0938270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'SHEA, GEORGE M**
CITY-ST-ZIP **239 E END DRIVE
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **TOMINELLI, JOHN**
STREET ADDRESS **888 SOUTH ANDREWS AVE SUITE#301**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☒ Change ☐ Addition
NAME **O'SHEA, GEORGE M.**
STREET ADDRESS **888 SOUTH ANDREWS AVE SUITE#301**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George M. O'Shea Director 1/13/03 954-522-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)