

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Jun 08, 2000 8:00 am
Secretary of State

05-02-2000 90045 049 ***150.00

DOCUMENT # P99000067678

1. Entity Name

NET EXPORT TRADING CORPORATION

Principal Place of Business

**12474 S.W. 17TH LANE
MIAMI FL 33175**

Mailing Address

**12474 S.W. 17TH LANE
MIAMI FL 33175-1563**

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, R. State

4. FEI Number

65-0937376

Applied For

Not Applicable

City, R. State

Country

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

**SOLOMON, NEWTON
NET EXPORT TRADING CORPORATION
12474 S.W. 17TH LANE
MIAMI FL 33175**

N

Street Address (P.O. Box Number if not applicable)

City

FL

Zip

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SOLOMON, NEWTON
12474 SW 17TH LANE
MIAMI FL 33175**

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D

☐ Change ☐ Addition

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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

06/06/2000

Date

Daytime Phone #