2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900070109

PARROT RIVER TRADING COMPANY

FILED Jan 19, 2001 8:00 am Secretary of State

,,,,,,,,,,,,						01-19-2001 90168	004 ***	158.75		
Principal Place 767 ARTHUR G MIAMI BEACH I	ODFREY ROAD	Mailing Address 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3413					រាក្តាក	ี บบบ (
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	El Number 65-0955263			pplied For ot Applicable	-
Zip	Country	Zip	Zip Count		5. (Certificate of Status Desired		8.75 Ad	ditional	1
	6. Name and Address of Current Re	egistered Agent			7. 1	Name and Address of New Re				1
				Name						1
STEINBERG, RICHARD L ESQ 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3413				Street A	Street Address (P.O. Box Number is Not Acceptable)					-
MIMI	11 DEACH FE 33140-3413			City				Zip Cod		_
				Ony	<u> </u>		<u>FL</u>			
8. The above	named entity submits this statement for the	he purpose of changing its r	egister	ed office or	r registered ag	ent, or both, in the State of Flori	da.			
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registere	ed Agent signati	ure required when re	einstating)	DATE			
Tax filing re	rration is eligible to satisfy.its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00	10. Election Campaign Final Trust Fund Contribution.			00 May Be -	7-43
11.	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	_[_
TITLE NAME STREET ADDRESS	STEINBERG PAUL B 767 ARTHUR GODFREY ROAD	Delete	TITL NAM STRI		J. Fra 1121 cm	leric Blitsbein (leesi	ENT ENT	Addition	CR2E034 (10/00)
CITY-ST-ZIP	AMAMI BEACH FL 20140-3413		CITY	'-ST-ZIP	Key Bis	come Lorda 3	3149			ĘĞ,
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRE		Pauls	Steinbeg secre	dans.	Change	☐ Addition	8
CITY-ST-ZIP				'-ST-ZIP	761	How Godson &	2314	0-341	3	
TITLE NAME STREET ADDRESS		☐ Delete	TITL NAM STRI			,		☐ Change	Addition	
CITY-ST-ZIP			CITY	-ST-ZIP						
NAME		☐ Delete	TITL *NAÑ	<u>.</u>				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			B.	EET ADDRESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	E				☐ Change	Addition	1
13. I hereby of indicated of the corrections of the	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for to ue and accurate and that me ered to execute this report a hall other like empowered.	the exe y signa is requi	mption star ture shall h red by Cha	ted in Section ave the same apter 607, Flori	119.07(3)(i), Florida Statutes. I f legal effect as if made under or da Statutes; and that my name	urther certi ith; that I ar appears in	fy that the in an office Block 11 o	information r or director or Block 12 if	