

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90143 050 ***550.00

DOCUMENT # P99000074172

1. Entity Name
NAKATOMI TRADING, INC.

Principal Place of Business
**3894 WEST FLAGLER ST.
 MIAMI FL 33134**

Mailing Address
**3894 WEST FLAGLER ST.
 MIAMI FL 33134**

2. Principal Place of Business
4141 NE 2nd Av.

3. Mailing Address
4141 NE 2nd Av.

Suite, Apt. #, etc.
101-C

Suite, Apt. #, etc.
101C

City & State
MIAMI FL

City & State
MIAMI - FL

4. FEI Number
65-0953543

Applied For
 Not Applicable

Zip
33137

Country
USA

Zip
33137

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, LOURDES A
 3894 WEST FLAGLER ST.
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **LUIGI BASILE**
 Street Address (P.O. Box Number is Not Acceptable)
4141 NE 2nd Av. Suite 101-C
 City **MIAMI FL** Zip Code **33137**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input checked="" type="checkbox"/> Delete
NAME	BASILE, LUIGI G	
STREET ADDRESS	3894 WEST FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BASILE, LUIGI	
STREET ADDRESS	4141 NE 2nd Av. Suite 101-C	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 8, 2000
 Date

(305) 573-4041
 Daytime Phone #

CR2E034 (5/00)