

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078070

1. Entity Name

SOUTHERN FLORIDA TRADING, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90093 011 ***150.00

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BLVD. 20TH FLOOR
 MIAMI FL 33131

200 SOUTH BISCAYNE BLVD. 20TH FLOOR
 MIAMI FL 33131-2310

2. Principal Place of Business

6560 West Rogers Circle

Suite, Apt. #, etc.

3. Mailing Address

6560 West Rogers Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

☒

Applied For

Not Applicable

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

ROSSZ FIU CORPORATION
 200 SOUTH BISCAYNE BLVD, 20TH FL
 MIAMI FL 33131

Name

c/o Spencer Fox, Esquire

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

Rossz Fiu Corporation

200 South Biscayne Boulevard
 20th Floor

City

Miami

FL

Zip Code

33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **FOX, SPENCER**
 STREET ADDRESS **200 SOUTH BISCAYNE BLVD, 20TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Rick Reiff**
 STREET ADDRESS **6560 West Rogers Circle**
 CITY-ST-ZIP **Boca Raton, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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

3/24/00

Date

561-995-6990

Daytime Phone #

CR2E034 (9/99)