

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90207 043 ***150.00

DOCUMENT # P99000089424

1. Entity Name
S & E TRADING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**9501 NORCHESTER CIRCLE
TAMPA FL 33647**

**9501 NORCHESTER CIRCLE
TAMPA FL 33647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13373 TWINWOOD LANE

13373 TWINWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 2316

APT # 2316

City & State

City & State

ORLANDO, FLORIDA

ORLANDO FL

4. FEI Number

59-3600709

Applied For

Not Applicable

Zip

Country

Zip

Country

32837

U.S.A.

32837

U.S.A.

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

KOPSON, JOHN

7300 W. CAMINO REAL, #126

BOCA RATON FL 33433

Name

HITESH C. PATEL

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

13373 TWINWOOD LANE

APT # 2316

City

ORLANDO

FL

Zip Code

32837

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	KOPSON, JOHN E	
STREET ADDRESS	7300 W. CAMINO REAL, #126	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	HITESH C. PATEL	<input type="checkbox"/> Delete
NAME	13373 TWINWOOD LANE	
STREET ADDRESS	APT # 2316	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

4/27/02 34-228-7491

CR2E034 (9/01)