

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093440

1. Entity Name

FULLBRIGHT TRADING, INC.

04-18-2000 90144 002 ***158.75

P99000093440

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 1:02

638399



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1696 SOUTH 22 AVENUE 1696 SOUTH 22 AVENUE
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6208

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEL Number 65-0956023 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

Name N. ABADIR, NAGI R

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

1696 S 22 Avenue

City HOLLYWOOD FL Zip Code 33020

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 N. Abadir, PSTD

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.12.00

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 PSTD
NAME ABADIR, NAGI R
STREET ADDRESS 1696 SOUTH 22 AVENUE
CITY- ST- ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
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STREET ADDRESS 1696 SOUTH 22 AVENUE
CITY- ST- ZIP HOLLYWOOD FL 33020 ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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: N. Abadir, PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.00

Date

(954) 923 4999

Daytime Phone #

CR2E034 (9/99)