

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P 99060093440*

1. Entity Name

FULLBRIGHT TRADING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1696 S 22nd Ave

Suite, Apt. #, etc.

3. Mailing Address

1696 S 22nd Ave

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

05-09-56023

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

NASSER SALAMA

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

1696 S 22nd Ave

City

HOLLYWOOD

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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 *NASSER SALAMA*

Nasser Salama

PRS

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRS*
NAME *NASSER SALAMA*
STREET ADDRESS *1696 S 22nd Ave*
CITY-ST-ZIP *HOLLYWOOD FL 33020*

TITLE *SEC, TRUS*
NAME *NASSER SALAMA*
STREET ADDRESS *1696 S 22nd Ave*
CITY-ST-ZIP *HOLLYWOOD, FL 33020*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nasser Salama* *NASSER SALAMA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.02

Date

Daytime Phone #

CR2E034B (12/01)