## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am P99000107406 Secrétary of State DOCUMENT # 1. Entity Name 07-09-2002 90026 026 \*\*\*150.00 TRADIN'USA, CORP. Mailing Address Principal Place of Business THE MOYAL & ASSOCIATES: INC. %-MOYAL 4 ASSOCIATES INC. 62 N. UNIVERSITY DR. 82 N. UNIVERSITY DR. PEMBROKE PINES FL 33024 PEMBROKE PINES FE 33024 2. Principal Place of Business 3. Mailing Address 6010 6040 50m DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc らるなみ City & State Applied For 4. FEI Number City & State 65-0968036 Not Applicable Country \$8.75 Additional A-2N 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIDDIQ, MOHAMMED S Street Address (P.O. Box Number is Not Acceptable) % MOYAL & ASSOCIATES, INC. = 82 N. UNIVERSITY DR. PEMBROKE PINES FL 33024 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE ☐ Delete NAME SIDDIQ, MOHAMMED S NAME 102 82 N. UNIVERSITY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 03024 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 27/22 Date

954-430-393

Daytime Phone #

P99000107406 AHachment B0121415

## Tradin' USA Corp.

6040 Forest Hill Blvd, U102, West Palm Beach, Fl 33415.

Line to against and

To: Secretary Of State, Division Of Corporations, Tallahassee, Fl 32302-1500. 25th June,2002

Dear Sir,

## Re: Annual Report for 2002

Please accept my enclosed cheque for \$150.00 for the annual report year 2002.

I have just returned from my business trip of Asia, and was not aware of the payment deadline of May 1st, 2002. Furthermore, my mail was not forwarded at my new address Tie! 2.1.2.1.201. The resort

6040 Forest Hill Blvd, U102, West Palm Beach, Florida 33415.

I thank you in advance for your kind consideration in this matter

Sincerely

M.S. Siddio