2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 15, 2001 8:00 am DÖCUMENT # **S84227 Secretary of State** 1. Entity Name SABLE TRADING, INC. 02-15-2001 90059 037 ***150.00 Principal Place of Business Mailing Address 7161 SOUTHWEST 55TH TERRACE 7161 SOUTHWEST 55TH TERRACE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address SŁ 3080 NE 47 3080 NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0303719 FLORIOR Not Applicable Country Ward \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALDINI, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 7161 SOUTHWEST 55TH TERRACE **MIAMI FL 33155** 3080 NE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEEUS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete TITLE Change DUPREY, LAWRENCE ANDRE NAME NAME STREET ADDRESS STREET ADDRESS 29 ST. VINCENT STREET CITY-ST-ZIP CITY-ST-ZIP PRT SPAIN, TRINIDAD TITLE ☐ Delete ☐ Change ☐ Addition NAME BALDINI, ELIO NAME ` STREET ADDRESS 4041 GULFSHORE BLVD N. STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BALDINI, SYLVIA NAME 7161 S.W. 55TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ip Block 11 or Block 12 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears ip Block 11 or Block 12 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears ip Block 11 or Block 12 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears ip Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears ip Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. changed, or on an attachment with an address, with all other like empowered.