

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22284

1. Entity Name

A.F.F. TRADING LTD, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90036 049 ***150.00

Principal Place of Business

36 NE 1ST STREET #928
MIAMI FL 33136

Mailing Address

36 NE 1ST STREET #928
MIAMI FL 33132-2414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

928

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313476

Applied For

Not Applied

Zip

Country

Zip

Country

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

RUB, LOVA

36 NE 1ST STREET #921

MIAMI FL 33130

Name

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

City

FL

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)

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 PD ☐ Delete

NAME RUB, LOVA
STREET ADDRESS 3805 LOMBARDI STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addit

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

305 3759362