2002 UNIFORM BUSINESS REPORT (UBR)

TITLE COHOLAN, DONALD G722 WILLOW WOOD DR BOCA RATON FL STREET ADDRESS CITY-ST-ZIP BOCA RATON FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBERST CITY-ST-ZIP OBERST	1. Entity Nam	MENT # TRADING CO	V368 DRP.	72			<u>,</u>				Seci	reta	ary	of \$	Sta	
Solidar Soli	9722 WILLOW SUITE 1562 BOCA RATON US 2. Principal F 2211 S Suite, Apt.	Place of Business, #, etc.	Race Dr.	6722 WILLO SUITE 1502 BOCA RATO US 3. Mailing Ac	ON FL 33434 Cldress B Boc #, etc.		ace	δα				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			• •.• •	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent COHOLAN DONALD 6722 WILLOW WOOD DR SUITE 1502 BOCA RATON FL 33434 S. The above registered agent registered age	Cjty & Stat	te O	ton Fl	/ 30° & Stat	a Ra	tou	F	-7	4. FEI	Number	65-0	33729	0		-+	` -
COHOLAN DONALD 6722 WILLOW WOOD DR SUITE 1502 BDCA RATON FL 33434 8. The above nefreed opiny submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. Tipic corporation is eligible to satisfy its Integration of the lacation in the Part of the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. Tipic corporation is eligible to satisfy its Integration of the lacation in the Tipic Registered agent of the state of Florida 9. Tipic corporation is eligible to satisfy its Integration of the lacation in the Tipic Registered agent of the state of Florida 11. OFFICERS AND DIFFECTORS 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. WAVE 11. SHEET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 11. ADDITIONS/CH			ountry U.S		5.3	Count	try US	5	5. Cer	tificate o	f Status	Desired			75 Add	ditional
COHOLAN DONALD 6722 WILLOW WOOD DR SUITE 1502 BOCA RATON FL 33434 8. The above refreed driving submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids SIGNATURE Appetition name of registering agent, or both, in the State of Florids SIGNATURE Appetition name of registering agent, or both, in the State of Florids SIGNATURE Appetition name of registering agent and two applications. OFFICERS AND DIRECTORS 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE COHOLAN, DONALD STREET ADDRESS CITY ST-27P TITLE Delete TITLE NAME STREET ADDRESS CITY ST-27P TITLE Delete TITLE NAME STREET ADDRESS CITY ST-27P TITLE NAME STREET ADDRESS CITY ST-27P TITLE Delete TITLE		6. Name and	Address of Currer						7. Nan	ne and A	Address	of New	Registe	red Agen		
Spreller bysed or primed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating)	6722 WILI SUITE 150 BOCA RA	LOW WOOD DF 02 TON FL 33434		for the purpose of	changing its	registere	Street A	ddress (F	a k	Number oca 2a+	on	cceptab	le) 🛆	<u>Γ.</u> ≠		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added	SIGNATURE	Signature, typed or prin	nted name of registered age	ent and title if applicable.	Man (NOTI	E: Registered	Agent signati	ure required	when reinsta	ating)		_/	/ / /	ATE	2	
TITLE COHOLAN, DONALD G722 WILLOW WOOD DR BOCA RATON FL STREET ADDRESS CITY-ST-ZIP BOCA RATON FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBERST CITY-ST-ZIP OBERST	Tax filing i	requirement and e	elects to do so.	Afte	r May 1, 20	02 Fee	will be \$5	50.00					-			
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Delete TITLE O Delete O Delete O Delete TITLE O Delete O Del	11.4		OFFICERS AN	D DIRECTORS		12.			ADDIT	IONS/C	HANGE	S TO OF	FICERS	AND DIRE	ECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE OBERS CITY-ST-ZIP TITLE OBERS CITY-ST-ZIP TITLE OBERS CITY-ST-ZIP TITLE OBERS CITY-ST-ZIP TITLE OBERS CITY-ST-ZIP OBERS	NAME STREET ADDRESS	COHOLAN, DO	WOOD DR		□ Delete	, NAME STREE	ET ADDRESS	221	119	Bo	ca 1	Place	ld Le FL	Dr.	¥£ 3	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete	NAME STREET ADDRESS			C	Delete	NAME STREE	ET ADDRESS								Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE	NAME STREET ADDRESS				Delete	NAME STREE	ET ADDRESS								Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addit	NAME STREET ADDRESS				Delete	NAME STREE	ET ADDRESS	_			_		_		Change	☐ Addition
The same of the s	NAME STREET ADDRESS] Delete	NAME STREE	T ADDRESS				,				thange	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS	~-	-		Delete	NAME STREE	T ADDRESS			÷ ·					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 suppliescental 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 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 Daytime Phone #	indicated of the cor changed,	on this report or sporation or the or or an attachm	suppliemental report ceiver or trustee emi ent with an address	is true and accura powered to execu- , with all other like	ate and that me this report employered.	ny signati as requir	ure shall ha	ave the ca	ame lens	al effect :	as if mac	le under t my nam	oath; the	at I am an ars in Bloc	officer of the state of the sta	or director