

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V62080**

1. Entity Name  
**MIDEAST TRADING, INC.**



**FILED  
Jan 27, 2003 8:00 am  
Secretary of State**

01-27-2003 90202 011 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**7008 HANLEY  
TAMPA FL 33634  
US**

Mailing Address  
**7008 HANLEY  
TAMPA FL 33634  
US**

2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**City & State**

Zip  
**Zip**

Country  
**Country**

4. FEI Number  
**59-3140558**

Applied For  
**Not Applicable**

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

**SHAYA, GABI  
7008 HANLEY  
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  
 **\$5.00 May Be  
Added to Fees**

10. **OFFICERS AND DIRECTORS**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**P  
SHAYA, GABI F  
500 WEST DAVIS BLVD  
TAMPA FL 33606**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**VP  
SHAYA, LOUIS  
C/O GABIS SHAYA 500 W DAVIS BLVD  
TAMPA FL 33606**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TS  
SHAYA, SALIM  
500 WEST DAVIS BLVD  
LIVONIA MI 48152**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03

Date

813 882 9274

Daytime Phone #

CF2E034 (10/02)