

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90021 015 ***150.00

DOCUMENT # 565946

1. Entity Name

MASTER TRADER, INC.

Principal Place of Business

Mailing Address

**13 JOWDERS COVE RD
 RINDGE NH 03461
 US**

**13 JOWDERS COVE RD
 RINDGE NH 03461-3314
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

08-8365428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSSER, ROBIN
 2301 SW 22ND AVE
 MIAMI FL 33141**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	SUSSER, HEATHER	13 JOWDERS COVE	RINDGE NH 03461	<input type="checkbox"/>
PDC	SUSSER, ROBIN H	13 JOWDERS COVE	RINDGE NH 03461	<input type="checkbox"/>
PDC	SUSSER, ROBIN H	13 JOWDERS COVE	RINDGE NH 03461	<input type="checkbox"/>
ST	PILATSKY, CHAD A	13 JOWDERS COVE	RINDGE NH 03461	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13 Jowders Cove Road		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13 Jowders Cove Road		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13 Jowders Cove Road		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13 Jowders Cove Road		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-1-00

Date

603-899-3234

Daytime Phone #

CR2E034 (9/99)