2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90015 037 ***150.00

B0022963

DO NOT WRITE IN THIS SPACE

DOCUMENT # S94949

1. Entity Name
SLC INTERNATIONAL BROKERAGE INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131 US	777 BRICKELL AVENUE 5TH FLOOR MIAMI FL 33131 US

2. Principal Place of Business		3. Mailing Address	
1001 Brickell Bay Drive		1001 Brickell Bay Drive	
Suite, Apt. #, etc.: Suite 2908		Suite, Apt. #, etc.: Suite 2908	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number 65-0299191 ☐ 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
SLC CORPORATE SERVICES, INC 777 BRICKELL AVE. #500 MIAMI FL 33131	Name: SLC Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell BayDr. Suite 2908 City: Miami FL Zip Code: 33131

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], Secretary DATE 1/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DPST CANTOR, STEVEN L. 777 BRICKELL AVE., 5TH FLOOR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Cantor, Steven L 1001 Brickell Bay Dr., Ste. 2908 Miami, FL 33131	☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED [signature] 1/21/02 305 374 3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #