

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V23978**

1. Entity Name

SCHILLER TRADE SYSTEMS, INCORPORATED**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90017 025 ***150.00

Principal Place of Business 1016 PINE BRANCH CT. FT. LAUDERDALE FL 33326 US	Mailing Address 1304 SW 160TH AVE. SUITE 250 FT. LAUDERDALE FL 33326-1902 US
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0322930**Applied?
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
SCHILLER, BRUCE 1016 PINE BRANCH COURT FORT LAUDERDALE FL 33326	

7. Name and Address of New Registered Agent	
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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May
Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE	CPD
NAME	SCHILLER, BRUCE
STREET ADDRESS	1016 PINE BRANCH CT.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	SCHILLER, KAREN J.
STREET ADDRESS	1016 PINE BRANCH CT.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen J. Schiller* **KAREN J. SCHILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (954) 384-147

Date

Daytime Phone #