

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90271 013 ***150.00

DOCUMENT # V67566

1. Entity Name

PROGRAM TRADING CORP.

818523



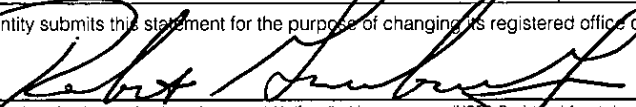
DO NOT WRITE IN THIS SPACE

Principal Place of Business 111 NORTH ORANGE AVE 1525 ORLANDO FL 32801 US	Mailing Address 111 NORTH ORANGE AVE 1525 ORLANDO FL 32801 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-3145580	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent RENNEKER, ROBERT J. 111 N. ORANGE AVENUE #1525 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name: Robert Grinberg Street Address (P.O. Box Number is Not Acceptable): 1515 N Federal Hwy, #404 City: Boca Raton FL Zip Code: 33432
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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:  DATE: _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P RENNEKER, ROBERT J STREET ADDRESS 111 N. ORANGE AVENUE, STE. 1525 CITY-ST-ZIP ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME Robert Grinberg, CEO STREET ADDRESS 1515 N Federal Hwy, #404 CITY-ST-ZIP Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D TOLAR, NEAL STREET ADDRESS 1507 LITCHEN ROAD CITY-ST-ZIP APOPKA FL 32712	<input type="checkbox"/> Delete	TITLE NAME Lev Parnas, D/P STREET ADDRESS 1515 N Federal Hwy. #404 CITY-ST-ZIP Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D RIESMAN, MITCHELL STREET ADDRESS 3 STALLION DRIVE CITY-ST-ZIP MANALLAPON NJ 07726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D REISMAN, MITCHELL STREET ADDRESS 19 OLIVER PL CITY-ST-ZIP STATEN ISLAND NY 10314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR3E034 (10/00)