

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90677 035 ***150.00

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DOCUMENT # V67566

1. Entity Name
PROGRAM TRADING CORP.

Principal Place of Business
111 NORTH ORANGE AVE
1525
ORLANDO FL 32801
US

Mailing Address
111 NORTH ORANGE AVE
1525
ORLANDO FL 32801
US



2. Principal Place of Business
1515 N. FEDERAL HWY.

3. Mailing Address
1515 N. FEDERAL HWY.

Suite, Apt. #, etc.
SUITE 408

Suite, Apt. #, etc.
SUITE 408

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **59-3145580**

Applied For
☐ Not Applicable

Zip
33432

Country **USA**
FLORIDA BEACH

Zip
33432

Country **USA**

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

GRINBERG, ROBERT M
1515 N FEDERAL HWY, #404
BOCA RATON FL 33432

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, 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 **CEO** ☐ Delete
 NAME **GRINBERG, ROBERT**
 STREET ADDRESS **1515 N FEDERAL HWY, #404**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TOLAR, NEAL**
 STREET ADDRESS **1507 LITCHEN ROAD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RIESMAN, MITCHELL**
 STREET ADDRESS **3 STALLION DRIVE**
 CITY-ST-ZIP **MANALAPON NJ 07726**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **PARNAS, LEV**
 STREET ADDRESS **1515 N FEDERAL HWY. #404**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LEV PARNAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02
 Date

(561) 750-9778
 Daytime Phone #

CR2E034 (9/01)