FILED

2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # 450708 1. Entity Name 03-12-2002 90026 003 ***150 00 FLORIDA BOARD OF TRADE, INC. Principal Place of Business Mailing Address 1010 SOUTH OCEAN BLVD. 1010 SOUTH OCEAN BLVD. APT. 803 APT. 803 POMPANO BEACH FL 33662 POMPANO BEACH FL 33662 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 59-1624009 Not Applicable Zip Country . Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALEVAS, HARRY P. Street Address (P.O. Box Number is Not Acceptable) 1010 S. OCEAN BLVD. APT. 803 POMPANO BEACH FL 33062 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD CR2E034 (9/01 TITLE ☐ Delete TITLE Change ☐ Addition CALEVAS, HARRY P. NAME NAME 1010 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PEELER, ETHEL NAME 1010 S. OCEAN BLVD., APT. 803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062* CITY-ST-ZIP= Change ☐ Addition TITLE Delete NAME WHITE, HEATHER NAME STREET ADDRESS 1010 S. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of Justice empowered account his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen