## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 565946 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name MASTER TRADER, INC. 04-10-2000 90021 015 \*\*\*150.00 Principal Place of Business Mailing Address 13 JOWDERS COVE RD 13 JOWDERS COVE RD RINDGE NH 03461-3314 RINDGE NH 03461 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 08-8365428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSSER, ROBIN Street Address (P.O. Box Number is Not Acceptable) 2301 SW 22ND AVE MIAMI FL 33141 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. 11. Addition TITLE ☐ Delete TITLE 13 Jourders Cove Road 13 Jourders Cove Road SUSSER, HEATHER NAME STREET ADDRESS STREET ADDRESS 13 JOWDERS COVE KEY CITY-ST-ZIP CITY-ST-ZIP RINDGE NH 03461 Change ☐ Addition PDC TITLE ☐ Delete TITLE SUSSER, ROBIN H NAME NAME STREET ADDRESS STREET ADDRESS 13 JOWDERS COVE (KEY) CITY-ST-ZIP CITY-ST-ZIF RINDGE NH 03461 13 Jowders dove Road ☐ Addition Change Change TITLE **PDC** ☐ Delete TITLE NAME SUSSER, ROBIN H NAME STREET ADDRESS 13 JOWDERS COVE (KEY) STREET ADDRESS CITY-ST-ZIP RINDGE NH 03461 CITY-ST-ZtP 13 Sowders cove Road The Change ☐ Addition ☐ Delete TITLE TITLE NAME PILATSKY, CHAD A NAME STREET ADDRESS STREET ADDRESS 13 JOWDERS COVE KEY CITY-ST-ZIP CITY-ST-ZIP RINDGE NH 03461 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00 603-899-3239

Daytime Phone #