FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

00 UNIFORM BUSINESS REPORT (UBR)

CUMENT # A96000002394

Name

Y BROTHERS TRADING, LTD.

Place of Business	Mailing Address
LADES ROAD. SUITE ~~305~~ RATON FL 33431	5550 GLADES ROAD. SUITE ~~305~~ BOCA RATON FL 33431-7257

DO NOT WRITE IN THIS SPACE

ipal Place of Business	3. Mailing Address
Apt. #, etc. SUITE #414	Suite, Apt. #, etc. SUITE #414
& State	City & State
Country	Zip / Country

4. FEI Number 65-0728313 — Applied For / Not Applicable

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
Y, WILLIAM 0 GLADES ROAD TE 305 CA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

ATURE X ________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

pital Contributions Shown on record. $10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
ENT #	F96000006701	STREET ADDRESS	SUITE #414
ADDRESS -ZIP	ROY BROTHERS, INC. 5550 GLADES ROAD, SUITE ~~305~~ 414 BOCA RATON FL 33431	CITY - ST - ZIP	
ENT #		STREET ADDRESS	
ADDRESS -ZIP		CITY - ST - ZIP	
ENT #		STREET ADDRESS	
ADDRESS -ZIP		CITY - ST - ZIP	
ENT #		STREET ADDRESS	
ADDRESS -ZIP		CITY - ST - ZIP	700003284377--6
ENT #		STREET ADDRESS	-06712700--01021--024 ***526.25 ***526.25
ADDRESS -ZIP		CITY - ST - ZIP	
ENT #		STREET ADDRESS	
ADDRESS -ZIP		CITY - ST - ZIP	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GNATURE: X SIGNATURE REQUIRED 4-25-00 561-362-1052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #