

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90114 037 \*\*\*150.00

**DOCUMENT # F02000001905**

1. Entity Name  
**NOBLETRADING.COM, INC.**



Principal Place of Business  
**82 WALL STREET #805  
NEW YORK NY 10005**

Mailing Address  
**82 WALL STREET #805  
NEW YORK NY 10005**

**90003164**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3503052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FELICE, MARC  
5020 TAMiami TRAIL N.  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **MARC FELICE**

Street Address (P.O. Box Number is Not Acceptable)

**5499 N. FEDERAL HWY. SUITE L**

City

**BOCA RATON**

**FL**

Zip Code

**33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Marc Felice*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/8/02**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **FERRARA, JOHN**  
STREET ADDRESS **2064 WEST 6TH STREET**  
CITY-ST-ZIP **BROOKLYN NY 11223**

TITLE **P** ☐ Delete  
NAME **MUSCATECCA, JOHN**  
STREET ADDRESS **2042 WEST 6TH STREET**  
CITY-ST-ZIP **BROOKLYN NY 11223**

TITLE **S** ☐ Delete  
NAME **PIPITONE, DANIEL**  
STREET ADDRESS **75 2ND PLACE**  
CITY-ST-ZIP **BROOKLYN NY 11231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition  
NAME **John Muscatella**  
STREET ADDRESS **2042 West 6th Street**  
CITY-ST-ZIP **Brooklyn, NY 11223**

TITLE **S** ☐ Change ☐ Addition  
NAME **Daniel Pipitone**  
STREET ADDRESS **75 2nd Pl.**  
CITY-ST-ZIP **BROOKLYN, NY 11231**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel Pipitone* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02**

Date

**212-812-5400**

Daytime Phone #

CR2E034 (10/02)