

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004655

1. Entity Name
PEKAO TRADING CORPORATION

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90017 048 ***550.00

Principal Place of Business

2 PARK AVE.
15TH FLOOR
NEW YORK NY 10016
US

Mailing Address

2 PARK AVE.
15TH FLOOR
NEW YORK NY 10016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5550113**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PDC** ☒ Delete
NAME **KROPIWNICKI, LESZEK**
STREET ADDRESS **7004 BOULEVARD EAST APT 308 D**
CITY-ST-ZIP **GUTTENBERG NJ**

TITLE **C/P/D** ☐ Change ☒ Addition
NAME **BIEC, ALFRED**
STREET ADDRESS **1132 ABBOTT BLVD.**
CITY-ST-ZIP **FORT LEE, NJ 07024**

TITLE **D** ☒ Delete
NAME **SYSOL, THEODORE M ESQ**
STREET ADDRESS **40 CLAYDON RD.**
CITY-ST-ZIP **GARDEN CITY NY**

TITLE **D** ☐ Change ☒ Addition
NAME **VOLLMER, CHARLES**
STREET ADDRESS **470 PARK AVE SOUTH**
CITY-ST-ZIP **NEW YORK, NY 10016**

TITLE **VD** ☐ Delete
NAME **KURYLO, ANDREW O**
STREET ADDRESS **25 MCGUINNESS BLVD.**
CITY-ST-ZIP **BROOKLYN NY**

TITLE **D** ☐ Change ☒ Addition
NAME **MATULEWICZ,--ANDRZEJ**
STREET ADDRESS **UL. GRZYBOWSKA 53/57**
CITY-ST-ZIP **00-950 WARSZAWA, POLAND**

TITLE **S** ☐ Delete
NAME **PERKOWSKA, IWONA**
STREET ADDRESS **2 VALLEY CT**
CITY-ST-ZIP **HOLTSVILLE NY**

TITLE **V** ☒ Change ☐ Addition
NAME **KURYLO, ANDREW O.**
STREET ADDRESS **25 MCGUINNESS BLVD.**
CITY-ST-ZIP **BROOKLYN, NY**

TITLE **VD** ☐ Delete
NAME **WEGNEROWSKI, JERZY**
STREET ADDRESS **5421 N E RIVER RD**
CITY-ST-ZIP **CHICAGO IL 60656**

TITLE **V** ☒ Change ☐ Addition
NAME **WEGNEROWSKI, JERZY**
STREET ADDRESS **5421 N E RIVER RD**
CITY-ST-ZIP **CHICAGO IL**

TITLE **T** ☐ Delete
NAME **RAKOWSKI, WALDEMAR**
STREET ADDRESS **187 COVE ROAD**
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **T** ☒ Change ☐ Addition
NAME **RAKOWSKI, WALDEMAR**
STREET ADDRESS **2 HOWES AVENUE**
CITY-ST-ZIP **STAMFORD CT**

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: **WALDEMAR RAKOWSKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-06-2000

212 684 5320

Date

Daytime Phone #

CR2E034 (5/00)