

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004655

1. Entity Name

PEKAO TRADING CORPORATION

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

Zip

Country

Zip

Country

4. FEI Number 13-5550113

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

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 CPD ☐ Delete
NAME BIEC, ALFRED
STREET ADDRESS 1132 ABBOTT BLVD
CITY-ST-ZIP FORT LEE NJ 07024

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

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

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

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

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

TITLE V ☒ Delete
NAME KURYLO, ANDREW O
STREET ADDRESS 25 MCGUINNESS BLVD
CITY-ST-ZIP BROOKLYN NY

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

TITLE V ☒ Delete
NAME WEGNEROWSKI, JERZY
STREET ADDRESS 5421 N.E. RIVER RD
CITY-ST-ZIP CHICAGO IL

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

TITLE T ☐ Delete
NAME RAKOWSKI, WALDEMAR
STREET ADDRESS 2 HOWES AVE
CITY-ST-ZIP STAMFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

WALDEMAR RAKOWSKI

02-27-2001

Date

212 684 5320

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90045 022 ***150.00

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DO NOT WRITE IN THIS SPACE