

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90005 008 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # F97000006122**

1. Entity Name  
**ACTRADE CAPITAL INC.**

Principal Place of Business 11 N. ANDREWS AVE., STE. 101 F. LAUDERDALE FL 33309	Mailing Address 7 PENN PLAZA SUITE 422 NEW YORK NY 10001-3900
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2. Principal Place of Business 1515 NORTH FEDERAL HWY Suite, Apt. #, etc. STE 216	3. Mailing Address 200 COTTONTAIL LANE Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State SOMERSET NJ	4. FEI Number 13-3614588	Applied For <input type="checkbox"/> Not Applicable
Zip 33432	Country PALM BEACH	Zip 08873	Country SOMERSET

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2000 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHARONI, AMOS</b> <b>2373 BROADWAY</b> <b>NEW YORK NY 33309</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STONKUS, ALEXANDER C</b> <b>27 CRESTVIEW DR.</b> <b>KENDALL PARK NJ 08824</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MELNIK, ELIZABETH</b> <b>23 CEDAR ST.</b> <b>KINGS PARK NY 11754</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 *Joseph A. Alarcon* **REQUIRED** Date 2/15/00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)