

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000000947**

1. Entity Name

NOGA COMMODITIES (FLORIDA), INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90340 045 ***158.75

0575616 AT

Principal Place of Business

Mailing Address

**ONE WORLD TRADE CENTER, STE 8041
NEW YORK NY 10048**

**ONE WORLD TRADE CENTER, STE 8041
NEW YORK NY 10048**

2. Principal Place of Business

41 West 56th Street

Suite, Apt. #, etc.

2nd Floor

3. Mailing Address

41 West 56th Street

Suite, Apt. #, etc.

2nd Floor

City & State

New York, NY

City & State

New York, NY

Zip

10019

Country

USA

Zip

10019

Country

USA

4. FEI Number

13-4002628

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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, 2002 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

TITLE **PD** ☐ Delete
NAME **WEITHORN, KEITH**
STREET ADDRESS **ONE WORLD TRADE CTR, STE 8041**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☐ Delete
NAME **SALVO, MICHAEL J**
STREET ADDRESS **ONE WORLD TRADE CTR, STE 8041**
CITY-ST-ZIP **NEW YORK NY**

TITLE **STD** ☐ Delete
NAME **VORA, MAHENDRA R**
STREET ADDRESS **ONE WORLD TRADE CTR, STE 8041**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

Keith Weithorn, President/Director 3/14/02 (212) 397-8166

Date

Daytime Phone #

CR2E034 (9/01)