2000 UNIFORM BUSINESS REPORT (UBR) Jun 12, 2000 8:00 am DOCUMENT # F9800001443 **Secretary of State** 1. Entity Name TRADEWAY SECURITIES GROUP, INC. 06-12-2000 90031 033 ***158.75 3 Principal Place of Business Mailing Address 5875 AVENIDA ENCINAS 🚟 ĀVENIDA ENCINAS 14FE5F47 CA 92008 CARLSBAD CA 92008-4404 2. Principal Place of Business 3. Mailing Address 5875 AVENIOA ENCINAS <u>5875 AVENIOA ENCINAS</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-4354035 CÀRLSBA D CA CARLSBAD Not Applicable \$8.75 Additional Zip 9 2 0 08 Country 5. Certificate of Status Desired 2008 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if appticable This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ... Tax filing requirement and etects to do so. Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (66/6) ☐ Addition TITLE TITLE Delete GUILTINAN, FRANK 5875 AVENIDA ENCINAS GUILTINAN, FRANK NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 5875 AVENIDA ENCINAS CARLSBAD CA 42008 CITY-ST-ZIP CITY-ST-ZIP CARLSBAO CA 92008 MADDEN, JOHN 6305 NORTHWEST 65TH TERRACE PARKLAND, FL 33067 TITLE Delete MADDEN, JOHN NAME NAME 7100 WEST CAMINO REAL, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33433** ☐ Change Addition Delete TITLE TITI F GUILTINAN ROBERT MAME: -5875 AVENIDA ENCINAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARISBAD, CA92008 CITY-ST-ZIP TITLE ☐ Delete TITLE LANDAU DAN MAN AVE, SUITE 1000 NAME NAME STREET ADDRESS STREET ADDRESS IRVINE CA 926 12 CITY-ST-ZIP CITY-ST-ZIP **☑** Addition TITLE ☐ Delete TITLE MANGIA PANE, JOSEPHJR NAME NAME 19100 VON KARMAN AVE, SUITE 1000 STREET ADDRESS STREET ADDRESS IRVINE CA 92612 CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE WESTON, MICHREL NAME 5875 AVENIDA ENCINAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARLSBAD CA 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: _