

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005315

1. Entity Name

TRADEOUT.COM, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90033 037 ***550.00

Principal Place of Business

Mailing Address

410 SAW MILL RIVER ROAD, SUITE 2065
ARDSLEY NY 10502

410 SAW MILL RIVER ROAD, SUITE 2065
ARDSLEY NY 10502-2615

2. Principal Place of Business

3. Mailing Address

9124 Griffin Road

TradeOut.com, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 Summit Lake Drive

City & State

Cooper City, FL

City & State

Valhalla, NY

4. FEI Number

13-4035203

Applied For

Not Applicable

City & State

33328

Country

USA

City & State

10595

Country

USA

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME MCCAGG, BENJAMIN
STREET ADDRESS 119 EAST 84TH STREET
CITY-ST-ZIP NEW YORK NY 10028 ☐ Delete

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

TITLE SD
NAME SCHACHAR, HENRY
STREET ADDRESS 11 NORTH CIRCLE DRIVE
CITY-ST-ZIP GREAT NECK NY 11021 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

03/07/00

Date

914-479-0011

Daytime Phone #

CR2E034 (9/99)