

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90019 044 \*\*\*150.00

0617671

**DOCUMENT # F99000005480**

1. Entity Name

**TRX FUTURES, INC.**

Principal Place of Business

**1001 BRICKELL BAY DRIVE  
SUITE 1610  
MIAMI FL 33131**

Mailing Address

**1001 BRICKELL BAY DRIVE  
SUITE 1610  
MIAMI FL 33131**

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 **13-3922195**

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

**BERNSTEIN, JEFFREY A ESQ  
100 N BISCAYNE BLVD  
SUITE 2608  
MIAMI FL 33132**

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SORGENFREI, JENS</b>	
STREET ADDRESS	<b>NEUMANN GRUPPE GMBH AM SANDTORKAI 4</b>	
CITY-ST-ZIP	<b>20457 HAMBURG GERMANY</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SORGENFREI, JENS</b>	
STREET ADDRESS	<b>NEUMANN GRUPPE GMBH AM SANDTORAI,4</b>	
CITY-ST-ZIP	<b>HAMBURG, GERMANY 20457</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>HERBERT, GARY</b>	
STREET ADDRESS	<b>35 CHISWELL STREET</b>	
CITY-ST-ZIP	<b>LONDON EC1Y 4SE ENGLAND</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COUGHLAN, STEPHEN J</b>	
STREET ADDRESS	<b>35 CHISWELL STREET</b>	
CITY-ST-ZIP	<b>LONDON EC1Y 4SE ENGLAND</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, DAVID</b>	
STREET ADDRESS	<b>35 CHISWELL STREET</b>	
CITY-ST-ZIP	<b>LONDON EC1Y 4SE ENGLAND</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, DAVID</b>	
STREET ADDRESS	<b>1001 BRICKELL BAY DRIVE SUITE 1610</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*G. HERBERT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/27/01*  
Date

*786 777 7301*  
Daytime Phone #

CR2E034 (10/00)