2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000001473

1. Entity Name

FIVE CONTINENTS TRADING, L.L.C.

FILED

01 JUN 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
MIAMI BEACH, FL.	1027 PENNSYLVANIA Ave. 303 MIAMI BEACH, FL, 33139

2. Principal Place of Business	3. Mailing Address
69 E. FLAGLER ST.	169 E. FLAGLER St.
Suite, ~~Apt. #, etc.~~ 1534-2010	Suite, ~~Apt. #, etc.~~ 1534-2010
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired — ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PABLO CARONIA 169 E. FLAGLER St. Suite # 1534-2010 MIAMI, FL, 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: PABLO CARONIA — 5-14-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT PABLO GABRIEL CARONIA 169 E. FLAGLER ST. # 1534-2010 MIAMI, FLORIDA, 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 300004452333--7 -06/29/01--01096--001 *****50.00 *****50.00
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E083 (11/00)

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PABLO CARONIA — 5-14-01 — (305)812-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #