

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010431

1. Entity Name

U.S. DAY TRADING, LLC

Principal Place of Business

Mailing Address

2202 NORTH WESTSHORE BOULEVARD
SUITE 200
TAMPA FL 33607

2202 NORTH WESTSHORE BOULEVARD
SUITE 200
TAMPA FL 33607

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

59-3667004

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

TEICHMAN, HARRY P
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Name

Mitchell I. Horowitz

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Boulevard, Suite 1700

City

Tampa

FL

Zip Code
33602

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

Mitchell I. Horowitz

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004509773--7

-07731701--01065--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gilberto H. Gonzalez
1655 MISTY OAKS DR
ATLANTA, GA 30350 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. 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:

Gilberto H. Gonzalez

4-23-01

901-432-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0017400

CR2E083 (11/00)