

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90256 044 ****50.00

0015670

DOCUMENT # L00000014230

1. Entity Name

TRADEOLOGY SECURITIES, LLC

Principal Place of Business

**2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431**

Mailing Address

**2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431**

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 **65-1058356**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****TRADEOLOGY, INC.
2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431****7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PATEL, JYGNESH
2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PATEL, ALPESH
2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GESSENER, CARL
2424 N. FEDERAL HWY., STE. 350
BOCA RATON FL 33431** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**10. ADDITIONS / CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Correct spelling to
GESSNER** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

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

Date

Daytime Phone #

CR2E083 (9/01)