

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015290

1. Entity Name

PEAK TRADING, LLC

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4890 W. Kennedy Blvd.
Suite #500
Tampa, FL 33609

2500 N. MILITARY TR. #240
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

4890 W. KENNEDY BLVD
Suite, Apt. #, etc.
500

2500 N. MILITARY TR 1
Suite, Apt. #, etc.
240

DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA, FL

BOCA RATON, FL

4. FEI Number

Applied For

65-1057143

Not Applicable

Zip

Country

Zip

Country

33609

HILLSBOROUGH FL

33431

P.B.

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

GLENN CHWATT
2500 N. MILITARY TR. #240
BOCA RATON, FL 33431

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING DIRECTOR
GLENN, M. CHWATT
2500 N. MILITARY TR #240
BOCA RATON, FL 33431

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

TITLE
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STREET ADDRESS
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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 #

3/6/01 (561)998-7878

CR2E083 (11/00)