

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-17-2002 90009 013 ****50.00

DOCUMENT # L01000003072

1. Entity Name

GSF TRADING, L.L.C.

Principal Place of Business

2 SOUTH UNIVERSITY DRIVE
 SUITE 327
 PLANTATION FL 33324

Mailing Address

2 SOUTH UNIVERSITY DRIVE
 SUITE 327
 PLANTATION FL 33324

71149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 Poinciana Drive
 Suite, Apt. #, etc.

3. Mailing Address

350 Poinciana Dr.
 Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-1078315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
 4875 NORTH FEDERAL HIGHWAY
 7TH FLOOR
 FT. LAUDERDALE FL 33308

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

1/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME FEISS, GREGORY S
 STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE
 CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
 NAME FEISS, GREGORY S
 STREET ADDRESS 350 Poinciana Drive
 CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

1/10/02 754-475-9000

CR2E063 (9/01)