

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90455 001 *1,200.00

DOCUMENT # L01000004136

1. Entity Name

NON FERROUS TRADING LLC

Principal Place of Business

**1591 E ATLANTIC BLVD
 SUITE 200
 POMPANO BEACH FL 33060**

Mailing Address

**1591 E ATLANTIC BLVD
 SUITE 200
 POMPANO BEACH FL 33060**

2. Principal Place of Business

Annesley House, Rectory Rd.

3. Mailing Address

Suite, Apt. #, etc.

N. Fambridge

City & State

Chelmsford, Essex

Zip

Country

UK

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

**CARLTON MANAGEMENT INC
 1591 E ATLANTIC BLVD
 SUITE 200
 POMPANO BEACH FL 33060**

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
**MGRM
 RAYNER, RONALD
 ANNESLEY HOUSE RECTORY RD N FAMBRIDGE
 CHELMSFORD ESSEX UN UK** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 RAYNER, SYLVIA G
 ANNESLEY HOUSE RECTORY RD N FAMBRIDGE
 CHELMSFORD ESSEX UN UK** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)