

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100001505

1. Entity Name

EDUCATION TRADING SYSTEMS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 SW 15 RD

Suite, Apt. #, etc.

200

3. Mailing Address

210 SW 15 RD

Suite, Apt. #, etc.

200

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

4. FEI Number

65-1031689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICARDO H. GOLDMAN

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

210 SW 15 RD # 200

City

MIAMI

FL

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

4/22/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GOLDMAN, RICARDO H
210 SW 15 RD # 200
MIAMI, FL 33129

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**DO NOT WRITE
IN THIS SPACE**

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

4/22/03

Date

Daytime Phone #

305-445-4459

CR2E083B (12/02)