

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038631

Entity Name: U.B. TRADING, LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

9559 COLLINS AVENUE
SUITE 1204
SURFSIDE, FL 331542655 US

Current Mailing Address:

9559 COLLINS AVENUE
SUITE 1204
SURFSIDE, FL 331542655 US

New Principal Place of Business:

9559 COLLINS AVENUE
SUITE 1105
SURFSIDE, FL 331542655 US

New Mailing Address:

1005 KANE CONCOURSE
SUITE 203
SURFSIDE, FL 331542655 US

FEI Number: 76-0759321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGHERTY, KRIS I CPA
1005 KANE CONCOURSE
STE 203
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRIEF, URI
Address: 9559 COLLINS AVENUE SUITE 1204
City-St-Zip: SURFSIDE, FL 331542655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRIEF, URI
Address: 9559 COLLINS AVENUE, SUITE 1105
City-St-Zip: SURFSIDE, FL 331542655 US

Title: TREA () Change (X) Addition
Name: BRIEF, JAKOB
Address: 9559 COLLINS AVENUE, SUITE 1105
City-St-Zip: SURFSIDE, FL 331542655 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: URI BRIEF

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date