

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001721

1. Entity Name  
BNS TRADING LLC.

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5200 BLUE LAGOON DR. SUITE 600  
MIAMI FL 33126

Mailing Address  
5200 BLUE LAGOON DR. SUITE 600  
MIAMI FL 33126



**MJH**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
100 Southeast 2nd Street

3. Mailing Address  
100 Southeast 2nd Street

Suite, Apt. #, etc.  
17th Floor

Suite, Apt. #, etc.  
17th Floor

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0873925

Applied For  
Not Applicable

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JOFFE, EDWARD  
5200 BLUE LAGOON DR., SUITE 600  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name  
Fred K. Lickstein  
Street Address (P.O. Box Number is Not Acceptable)  
100 Southeast 2nd Street  
17th Floor  
City Miami FL Zip Code 33131

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.

Fred K. Lickstein

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

*Fred K. Lickstein*

(NOTE: Registered Agent signature required when reinstating)

3/29/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300003336403-3  
-04/13/01--01027--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOWARD, MANO  
5200 BLUE LAGOON DR, SUITE 600  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
HOWARD, MANO  
7905 West 20 Avenue  
Hialeah, FL 33014 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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, partner, receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  
*HOWARD*

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/29/01

(305) 362-2229 X304

CR2E083 (11/00)