

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002831

1. Entity Name
TRADEPOINTE SECURITIES, L.L.C.

APPROVED
AND
FILED

00 APR 23 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 S. ORANGE AVE., SUITE 1540
ORLANDO FL 32801

Mailing Address
200 S. ORANGE AVE., SUITE 1540
ORLANDO FL 32801-3438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545377

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMUM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHANANI, M. OWAIS
5817 WEST HIGHWAY 192
KISSIMMEE FL 34747

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04.13.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. SALEEM
5817 WEST HIGHWAY 192
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 S. ORANGE AVE. # 1540
ORLANDO, FL. 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. OWAIS
5817 WEST HIGHWAY 192
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 S. ORANGE AVE. # 1540
ORLANDO, FL. 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHANANI, M. HANI
5817 WEST HIGHWAY 192
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 S. ORANGE AVE. # 1540
ORLANDO, FL. 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003245736--2
-05/09/00--01126--003 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04.13.00

Date

(407)648 4898

Daytime Phone #

0000873 AF

CR2E083 (9/99)