

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002831

1. Entity Name

TRADEPOINTE SECURITIES, L.L.C.

FILED

01 MAY -3 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

200 S. ORANGE AVE., SUITE 1424
ORLANDO FL 32801

Mailing Address

200 S. ORANGE AVE., SUITE 1300
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1424

Suite, Apt. #, etc.

Suite 1300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KHANANI, M. OWAIS

5817 WEST HIGHWAY 192

KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

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

200 S. Orange Ave, Suite 1424

City

Orlando, FL

FL

Zip Code

32801

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

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

(NOT) Registered Agent signature required when reinstating)

DATE

4-30-01

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

600004323726--6
-05/25/01--01076--010
*****50.00 *****52.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME KHANANI, M. SALEEM
STREET ADDRESS 200 S. ORANGE AVE., #2800 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGRM ☐ Delete
NAME KHANANI, M. OWAIS
STREET ADDRESS 200 S. ORANGE AVE., #2800 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGRM ☐ Delete
NAME KHANANI, M. HANI
STREET ADDRESS 200 S. ORANGE AVE., #2800 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 1300
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 1300
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 1300
CITY-ST-ZIP

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

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

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:

M. Owais Khanani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-01 407/540-9191

CR2E083 (11/00)

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