

2000 UNIFORM BUSINESS REPORT (UBR)

0013220 AF

DOCUMENT # L99000000936

1. Entity Name

WALLSTREET TRADER, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 1:03

Principal Place of Business

4420 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address

4420 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351-5738

2. Principal Place of Business

3. Mailing Address

P.O. 30212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. LAUDERDALE FL

Zip

Country

Zip

Country

33303

US

4. FEI Number

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

7. Name and Address of New Registered Agent

STEELE, EUGENE H
4420 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STEELE, EUGENE H	
STREET ADDRESS	4420 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CRALL, PAULA	
STREET ADDRESS	1074 NW 183RD TER	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. 30212	
STREET ADDRESS	Ft. LAUDERDALE FL 33303	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

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

2-21-00 954746-7200

Date

Daytime Phone #

CR2E083 (9/99)