

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001141**

1. Entity Name
C&N TRADING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business
2600 N. MILITARY TRAIL, SUITE 245
BOCA RATON FL 33431

Mailing Address
2600 N. MILITARY TRAIL, SUITE 245
BOCA RATON FL 33431



[Handwritten Signature]

2. Principal Place of Business
1020 NW 163RD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1020 NW 163 DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33160

City & State
MIAMI FL
Zip
33169

4. FEL Number
52-2145943

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent
HELLER, STEVEN
2600 N. MILITARY TRAIL, SUITE 245
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOCHMAN, NOAH 845 N.E. 134TH STREET NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOM, CHRISTINA 17095 DARLINGTON COURT BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003350642-1 -08/09/00--01032--024 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Noah Hochman** **7/12/00** **305-773-3155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)