

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



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
33169

Country
USA

City & State
MIAMI FL
Zip
33169

Country
USA

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

7. Name and Address of New Registered Agent

HELLER, STEVEN
2600 N. MILITARY TRAIL, SUITE 245
BOCA RATON FL 33431

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/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOCHMAN, NOAH
845 N.E. 134TH STREET
NORTH MIAMI FL 33161

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOM, CHRISTINA
17095 DARLINGTON COURT
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003350642
-08/09/00--01032--024
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/12/00
Date

305-773-3155
Daytime Phone #

CR2E083 (5/00)