

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001141

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

FILED

01 JAN 22 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1020 N.W. 163RD DRIVE
MIAMI FL 33169

Mailing Address
1020 N.W. 163RD DRIVE
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2145943

Applied For

Not Applicable

Zip

Country

Zip

Country

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 RONALD DAVIDOVIC

Street Address (P.O. Box Number is Not Acceptable)
1020 NW 163RD DRIVE

City MIAMI

FL

Zip Code 33169

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

1/16/00

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

3000003576789--7
-01/26/01--01066--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE MGRM
NAME BT HOLDINGS, INC.
STREET ADDRESS 50 BROAD ST, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10004 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: Mark Peckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/01 212-328-3555

CR2E083 (11/00)