

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001648****1. Entity Name**
NOBLE MERCHANT BANKING, LLC

Principal Place of Business 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487	Mailing Address 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487
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2. Principal Place of Business 6501 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 100 City & State BOCA RATON FL	3. Mailing Address 6501 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 100 City & State BOCA RATON FL		
Zip 33487	Country	Zip 33487	Country

4. FEI Number
65-0860585

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 ANGELL CORPORAEE SERVICES, INC. C/O EDWARDS & ANGAELL, LLP 250 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____ **02/08/2001**
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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINGS DAVID J 161 W 54TH STREET, #802 NEW YORK NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIRSKY BENJAMIN 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIRSKY BENJAMIN 6501 CONGRESS AVENUE STE 100 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARLMAN CHARLES B 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARLMAN CHARLES B 6501 CONGRESS AVENUE STE 100 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE WAYNE R 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE WAYNE R 6501 CONGRESS AVENUE STE 100 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRONK NICO P 1801 CLINT MOORE ROAD, #110 BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRONK NICO P 6501 CONGRESS AVENUE STE 100 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:** NICO PRONK **MGR** **02/08/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)