

2001 UNIFORM BUSINESS REPORT (UBR)

0025778 AF

DOCUMENT # **L99000003718**

1. Entity Name

METROPLEX TRADING LLC

Principal Place of Business

**1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801**

Mailing Address

**1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **STERLING MANAGERS LIMITED**
CITY-ST-ZIP **P.O. BOX 362
ROAD TOWN TORTOLA, BVI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **400004162634--8
-05/08/01--01098--001
2950.00 **50.00**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MANHATTAN MANAGEMENT COMPANY LIMITED**
CITY-ST-ZIP **OLD AIRPORT ROAD, SUITE 227, HALLMARK BLDG
THE VALLEY ANGUILLA, BWI**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01

Date

302-461-5750

Daytime Phone #

CR2E083 (11/00)

FILED

01 APR 25 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE