

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004322

1. Entity Name

EXECUTRADING LEARNING CENTERS, LLC

Principal Place of Business

2500 NORTH MILITARY TRAIL
SUITE 240
BOCA RATON FL 33431

Mailing Address

2500 NORTH MILITARY TRAIL
SUITE 240
BOCA RATON FL 33431

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

65-0976423

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

CHWATT, GLENN M
2500 NORTH MILITARY TRAIL
SUITE 240
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/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
SRKD TRADING CORP
2500 NORTH MILITARY TRAIL SUITE 240
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
GARY.O1. INC
2500 NORTH MILITARY TRAIL SUITE 240
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003994363--1
-04/12/01--01067--015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
FINKELSTEIN, BRETT
2500 NORTH MILITARY TRAIL SUITE 240
BOCA RATON FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
RUDNET, DAVID
2500 NORTH MILITARY TRAIL SUITE 240
BOCA RATON FL 33431 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

3/22/01 (561) 989-0091

0014424 AF

CR2E083 (11/00)

FILED
01 APR -4 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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