2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State
05-07-2003 90046 015 ****50.00

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DOCUMENT # L99000007083

1. Entity Name
BETA TRADING LC

44003399

Principal Place of Business	Mailing Address
3850 N. 29 TERRACE. STE. 107 HOLLYWOOD FL 33020	3850 N. 29 TERRACE. STE. 107 HOLLYWOOD FL 33020

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6460 E Rogers Circle	6460 E Rogers Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33487 Country	Zip: 33487 Country

4. FEI Number 22-3688183 ☐ 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
HASSIN, YOSEF 3801 N. 44TH AVE. HOLLYWOOD FL 33021	Name: Dror Tohar Street Address (P.O. Box Number is Not Acceptable): 6460 EAST Rogers Circle City: Boca Raton FL Zip Code: 33487

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: [signature] DATE: 5/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dror Tohar 6460 East Rogers Circle Boca Raton, FL 33487	☐ 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
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CR2E083 (10/02)

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 REQUIRED 5/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #