

2001 UNIFORM BUSINESS REPORT (UBR)

0001313 AF

DOCUMENT # M00000002252

1. Entity Name

ELEPHANTX ONLINE SECURITIES, LLC

FILED

01 FEB -5 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O ELEPHANTX DOT COM
800 SECOND AVE., 9TH FLOOR
NEW YORK NY 10017

Mailing Address

C/O ELEPHANTX DOT COM
800 SECOND AVE., 9TH FLOOR
NEW YORK NY 10017

2. Principal Place of Business

1313 NW 16th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33164

USA

Country

4. FEI Number

13-4093174

Applied For

Not-Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Chief Executive Officer - Chairman
David Sher
325 E 64th St # 209
New York New York 10021

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President - Chief Operating Officer
Robert Sher
402 E 74th St. 6B
New York New York 10021

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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 #

2/1/01

CR2E083 (11/00)