

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90031 028 ****50.00

DOCUMENT # M01000000132

1. Entity Name
VAL D'OR, LLC

Principal Place of Business

2700 N. MILITARY TRAIL
 C/O ONLINETRAIDING.COM
 BOCA RATON FL 33431

Mailing Address

2700 N. MILITARY TRAIL
 C/O ONLINETRAIDING.COM
 BOCA RATON FL 33431

225 NE Mizner Blvd

2. Principal Place of Business

Suite # 526

3. Mailing Address

225 NE Mizner Blvd

Suite, Apt. #, etc.

BOCA RATON FLA

Suite, Apt. #, etc.

Suite # 526

City & State

BOCA RATON FLA

City & State

BOCA RATON FLA

Zip
33432

Country
US

Zip
33432

Country
US

4. FEI Number

65-1054819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, STEPHEN A
2600 N. MILITARY TRAIL
BOCA RATON FL 33431

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
GINSBURG, KENNETH
2700 N. MILITARY TRAIL
BOCA RATON FL 33431 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
GINSBURG, KENNETH
225 NE Mizner Blvd. - Suite # 526
BOCA RATON, FLA. 33432 ☒ Change ☐ Addition

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Kenneth Ginsburg* **Kenneth Ginsburg** *4/23/02* **561-672-4691**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)