

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90160 030 ****50.00

DOCUMENT # M01000002417

1. Entity Name

LION'S GROUP TRADING, LLC

Principal Place of Business

**55 BROAD STREET, 24TH FLOOR
 NEW YORK NY 10004**

Mailing Address

**55 BROAD STREET, 24TH FLOOR
 NEW YORK NY 10004**

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 **52-2282831**

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

LUCENTI, JOSEPH

REGUS MIAMI CENTER

201 SOUTH BISCAYNE BOULEVARD 28TH FLOOR

MIAMI FL 33131

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

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

Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGRM**
 NAME **~~BOGATIN, GARY~~ NOAH HOCHMAN** ☒ Delete
 STREET ADDRESS **~~301 SOUTH BISCAYNE BOULEVARD, 28TH FLOOR~~**
 CITY-ST-ZIP **~~MIAMI FL 33131~~**

TITLE **MGRM**
 NAME **NOAH HOCHMAN** ☒ Change ☐ Addition
 STREET ADDRESS **1201 BRICKELL AVE Ste 502**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
 NAME
 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

Date

Daytime Phone #

CR2E083 (4/02)