04/16/2002 11:31 2122797805 EQUITY TRADI

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90034 046 ****50.00

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DOCUMENT # M01000002878

1. Entity Name
Equity Trading Online, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
350 Fifth Avenue	350 Fifth Avenue
Suite, Apt. #, etc. Suite 630	Suite, Apt. #, etc. Suite 630
City & State New York, NY	City & State New York, NY
Zip 10118 Country USA	Zip 10118 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4110499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jose Tom

Street Address (P.O. Box Number is Not Acceptable) 2455 East Sunrise Blvd., Suite 609

City Ft. Lauderdale FL Zip Code 33304

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 _____ 4/16/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $ 50.00
Make Check Payable to Department of State
DUE by MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	managing member
NAME	Gary Ruff
STREET ADDRESS	435 E 63rd St
CITY-ST-ZIP	NY, NY 10021
TITLE	managing member
NAME	Richard Wolff
STREET ADDRESS	145 W 67th St.
CITY-ST-ZIP	NY, NY 10023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: _____ 4/19/02 212-279-7800
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #