

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90131 024 ***158.75

DOCUMENT # M69391

1. Entity Name
CONCORDE TRADING GROUP, INC.

Principal Place of Business

~~2909 N.E. 191 ST.~~
~~SUITE 804~~
~~AVENTURA FL 33180~~
 US

Mailing Address

1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1140 KANE CONCOURSE
 Suite, Apt. #, etc.
FIFTH FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State
BAY HARBOR ISLANDS FL

City & State

Zip
33154 Country
USA

Zip

Country

4. FEI Number **65-0032114**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERS, ROBERT HENRY
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLAND FL 33154

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D SCHLECHT, ARTHUR
2999 NE 191 ST #804
AVENTURA FL

☐ Delete

TITLE
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☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ARTHUR SCHLECHT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)