

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90233 030 ***158.75

DOCUMENT # **M69391**

1. Entity Name
CONCORDE TRADING GROUP, INC.



Principal Place of Business
**1140 KANE CONCOURSE
5TH FLOOR
MIAMI FL 33154
US**

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



2. Principal Place of Business
**14707 S Dixie Hwy
Suite 404**

3. Mailing Address
**% Frederick B Gomer
P.O. Box 450549**

City & State
Miami, FL

City & State
Sunrise, FL

4. FEI Number **65-0032114**

Applied For
☐ Not Applicable

Zip **33176** Country **MIAMI-DADE**

Zip **33345** Country **Broward**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Frederick B Gomer
Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97 Terrace
City **Sunrise** FL **33351**

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 **Frederick B Gomer**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-1-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14707 S Dixie Hwy, Suite 404**
CITY-ST-ZIP **Miami, FL**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

5303 **954748-5164**
Date Daytime Phone #

CR2E034 (10/02)