

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90610 047 *****55.00

DOCUMENT # M99000000130

1. Entity Name

NS TRADING WORLDWIDE, LLC

Principal Place of Business

**ONE WORLD TRADE CENTER, SUITE 8041
NEW YORK NY 10048**

Mailing Address

**ONE WORLD TRADE CENTER, SUITE 8041
NEW YORK NY 10048****B0054903**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

41 West 56th Street

Suite, Apt. #, etc.

2nd Floor

3. Mailing Address

41 West 56th Street

Suite, Apt. #, etc.

2nd Floor

City & State

New York, NY

City & State

New York, NY

Zip

10019

Country

USA

Zip

10019

Country

USA

4. FEI Number

13-4039432

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUTTLE, WILLIAM II
169 EAST FLAGLER STREET, SUITE 1700
MIAMI FL 33131**

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 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	MGR WEITHORN, KEITH ONE WORLD TRADE CENTER, SUITE 8041 NEW YORK NY 10048	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORA, MAHENDRA ONE WORLD TRADE CENTER, SUITE 8041 NEW YORK NY 10048	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, ALBERTO 2665 S. BAYSHORE DR., #601 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARAF, ALBERTO 2665 S. BAYSHORE DR., #601 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Keith Weithorn, Manager**3/14/02**

Date

(212) 397-8166

Daytime Phone #

CR2E083 (9/01)