

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000332

1. Entity Name

TRADERS' EDGE.NET, LLC

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

50 BROAD STREET  
17TH FLOOR  
NEW YORK NY 10004

Mailing Address

50 BROAD STREET  
17TH FLOOR  
NEW YORK NY 10004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-4011688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RONALD DAVIDOVIC, ESQ.  
1020 N.W. 163RD DRIVE  
MIAMI FL 33169

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 September 26, 2001

900004603869--2  
-09/21/01--01037--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
MGRM  
WEST, GEORGE  
STREET ADDRESS  
50 BROAD STREET, 17TH FLOOR  
CITY-ST-ZIP  
NEW YORK NY 10004 ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied which is 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

8/27/01 (212) 328-3355

CR2E083 (5/01)

0000335

STAPLE CHECK HERE