

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000015653

1. Entity Name

THE ZONE TRADING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5625 NW 120TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

36 WEST 44TH STREET

Suite, Apt. #, etc.

SUITE 1100

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

NEW YORK, NY

4. FEI Number

58-2524328

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

10036

Country

USA

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

7. Name and Address of Current Registered Agent

Name

LONDON, CRAIG

Street Address (P.O. Box Number is Not Acceptable)

5625 NW 120TH AVE.

City

CORAL SPRINGS

FL

Zip Code

33076

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IN THIS SPACE**

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 re-registering)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LENN, DANA (PRESIDENT)
4 BRANCO PLACE
E. BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600005508696-5
-05/14/02-01036-0003
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AZRILANT, EVAN (SECRETARY)
S & E AZRILANT, P.C.
36 WEST 44TH ST., STE. 1100
NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600005508696-5
-05/14/02-01036-0003
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)

SEC 4/29/02 212-864-8220