

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90040 024 ***158.75

3990



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000066405			
1. Entity Name TRADING CORPORATION OF AMERICA			
Principal Place of Business 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND FL 33154		Mailing Address 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND FL 33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SILVER, ROBERT HENRY 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND FL 33154		4. FEI Number 65-1024611 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	MILLER, HOWARD 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X <i>Howard Miller</i>		Date: 4-12-01 Daytime Phone #: 305-864-7531	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/00)