

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90246 015 ***158.75

DOCUMENT # P02000051983

1. Entity Name
FOREX EXCHANGE CORPORATION



Principal Place of Business
C/O ROBERT HENRY SILVERS, C.P.A., P.A.
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154

Mailing Address
C/O ROBERT HENRY SILVERS, C.P.A., P.A.
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business
3459 N.E. 163 STREET

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL

City & State

4. FEI Number
75-3052132

Applied For
Not Applicable

Zip Country
33160 U.S.A.

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERS, ROBERT H
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154

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. I am familiar with, and accept the obligations of registered agent.

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **DENYER, STUART**
STREET ADDRESS **1140 KANE CONCOURSE FIFTH FL**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D KRAUS, CLIFFORD**
STREET ADDRESS **1140 KANE CONCOURSE FIFTH FLOOR**
CITY-ST-ZIP **BAY HARBOR ISLANDS, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **X [Signature] CLIFFORD KRAUS - 02-11-03 305-864-7531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)