

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90830 002 ***158.75

DOCUMENT # P96000000435

1. Entity Name

TRADERS CONSORTIUM INC.

Principal Place of Business

Mailing Address

1516 SW 25TH ST
FORT LAUDERDALE FL 33315
USP.O. BOX 21701
FORT LAUDERDALE FL 33335-1701
US

2. Principal Place of Business

1801 SW 1st AVENUE

3. Mailing Address

P.O. BOX- 21701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

City & State

FT. LAUDERDALE

Zip

33315

Country

USA

Zip

33335-1701

Country

USA

4. FEI Number

65-0629700

Applied For

Not Applicable

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

RAHMAN, GOLAMUR
1516 SW 25TH ST
FORT LAUDERDALE FL 33315

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.

GOLAMUR RAHMAN - PRESIDENT.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	RAHMAN, GOLAMUR	1516 SW 25TH ST	FT LAUDERDALE FL 33315	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	GOLAMUR, RAHMAN	1576 SW 25ST	FORT LAUDERDALE FL 33315	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOLAMUR RAHMAN**4/29/01 (954)848-6289**

Day

Daytime Phone #

(PAGER)

CR2E034 (10/00)