

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084178

1. Entity Name

TRENDEX COMMODITY CORP.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90013 035 ***150.00

Principal Place of Business

150 S PINE ISLAND DRIVE
SUITE 200
PLANTATION FL 33324
US

Mailing Address

150 S PINE ISLAND DRIVE
SUITE 200
PLANTATION FL 33324-2667
US

2. Principal Place of Business

150 S. Pine Island Rd.

Suite, Apt. #, etc.

200

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Address

150 S. Pine Island Rd.

Suite, Apt. #, etc.

200

City & State

Plantation, FL

Zip

33324

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEDER, GARY A ESQ
1701 W HILLSBORO BLVD
SUITE 302
DEERFIELD BEACH FL 33442

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

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, JEFFREY R	
STREET ADDRESS	297 SUNNY ISLES BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, WAYNE	
STREET ADDRESS	19506 E COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, PERRY	
STREET ADDRESS	3300 NE 192ND STREET, APT LP-6	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORNSTEIN, STEVEN	
STREET ADDRESS	3190 WILLOW LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/23/00

Date

954-424-8441

Daytime Phone #

CR2E034 (9/99)