

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90465 013 \*\*\*150.00

**DOCUMENT # P99000009569**

1. Entity Name  
**MZ TRADING, INC.**

Principal Place of Business  
**26 OAK TREE ROAD**  
**MONMOUTH JUNCTION NJ 08852**

Mailing Address  
**26 OAK TREE ROAD**  
**MONMOUTH JUNCTION NJ 08852**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10 Samantha Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10 Samantha Drive**  
 Suite, Apt. #, etc.

City & State  
**Monroe, New Jersey**

City & State  
**Monroe, New Jersey**

4. FEI Number  
**65-0899031**

Applied For  
 Not Applicable

Zip Country  
**08831 U.S.A.**

Zip Country  
**08831 U.S.A.**

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

~~AMERICAN INFORMATION SERVICES, INC.~~  
**ONE S.E. 3RD AVENUE, 29TH FLOOR**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<input type="checkbox"/> Delete
	<b>PST. CHERTKOV, YEVGENIY</b>	<b>26 OAK TREE ROAD</b>	<b>MONMOUTH JUNCTION NJ 08852</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>10 Samantha Drive</b>	<b>Monroe, New Jersey 08831</b>	<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

Date: **5/27/02** Daytime Phone #: **732-685-9455**

CR2E034 (9/01)