2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019491

FILED May 21, 2000 8:00 am Secretary of State

1. Entity Name 05-21-2000 90010 009 ***150.00 FSB TRADING COMPANY, INC. Principal Place of Business Mailing Address 7280 W PALMETTO PK RD 7280 W PALMETTO PK RD UUU47247 SUITE 106 SUITE 106 BOCA RATON, FL BOCA RATON, FL 33433 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0900951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLAIRE, ROBERT I 7280 W PALMETTO PARK RD SUITE 106 Zip Code BOCA RATON, FL 33433 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (66/6) MLE Delete TITLE Charge Addition NAME SCHOENBERG, STEPHEN NAME **CR2E034** STREET ACCRESS 7280 W PALMETTO PARK RD #106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 IIILE Delete TILE Addition Creme GOLDBERG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 7280 W PALMETTO PARK RD #106 CTY-ST-ZP CITY-ST-ZIP BOCA RATON, FL 33433 ME Delete Chance Addition NAME FRIEDLAND, RACHELLE STREET ADDRESS 7280 W PALMETTO PARK RD #106 STREET ACCRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CITY-ST-ZP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 e receiver or trustee empowered to excelve like empowered an attachment with an address with all other like empowered STSPHBN in Block 11 or Block 12 if changed, or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCHOEN SERG

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Date

Daytime Phone #

SIGNATURE: