## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900055588  1. Entity Name G-TRADE CAPITAL, INC.				FILED Aug 08, 2000 8:00 am Secretary of State 08-08-2000 90012 039 ***550.00
Principal Place of Business C/O GUSRAE. KAPLAN & BRUNO 120 WALL ST. NEW YORK NY 10005		Mailing Address C/O GUSRAE. KAPLAN & BRUNO 120 WALL ST. NEW YORK NY 10005		
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   Not Applicable
Zip	Country	Zip Co	ountry	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	A1	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			Street Addres	s (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 an	id title if applicable. (NOTE, Regis	stered Agent signature requ	ured 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 After SEPTEMBER 13, 2000 Min Make Check Payable to Depa			00 Min. will be \$	State
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 5000		Change Addition OSEPH DELLAND AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARD J. ROSENSTOCK  55 STEWART AND  THPAGE NY 11744
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS (0	NCENT MANGONE  55 STOWART AND  74174
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	ARK ZETTCHICK 055 STEWART ANE ETHPAGE NY 11714
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 0	IC MILLER SS STEWART AVE  ETHPAGE NY 11714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is t	true and accurate and that my sig vered to execute this report as re-	mature shall have th	Section 119.07(3)(i), Florida Statutes: I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR QUECTOR

SIGNATURE:

1/24/N 516-470-10-