## 👧 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000064930 1. Entity Name WEALTHHOUND TRADING, INC. 05-24-2000 90058 009 \*\*\*150.00 Principal Place of Business Mailing Address 701 BRICKELL AVE., SUITE 3120 THE BRICKELL AVE., SUITE 3120 **LUUJIUI**# FI 33131 MIAMI FL 33131-2847 2. Principal Place of Business 3. Mailing Address BROADW BROADWAY DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State UEW YORK Not Applicable \$8,75 Additional 5. Certificate of Status Desired 10004 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -----Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change n Delete TITLE TITLE NAME SHER, MATTHEW NAME - ZND FLOOR STREET ADDRESS BROADWAY STREET ADDRESS 701 BRICKELL AVE., SUITE 3120 CITY-ST-ZIP 10004 CITY-ST-7IP MIAMI FL 33131 ☐ Addition ☐ Change Delete TITLE TITLE BROCK, REBECCA J NAME NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE., SUITE 3120 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition TITLE -☐ Delete TITLE SEIDEN, ERIC NAME 11 BROADWAY STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE., SUITE 3120 CITY-ST-ZIP CÎTY-ST-ZIP MIAMI FL 33131 □ Change ☐ Addition TITL€ ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 accepte 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: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR