

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065967**

1. Entity Name

BOCA RATON TRADING, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90224 041 ***150.00

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BOULEVARD 20TH FLOOR
MIAMI FL 33131**200 SOUTH BISCAYNE BOULEVARD 20TH FLOOR**
MIAMI FL 33131-2310

2. Principal Place of Business

6560 West Rogers Circle

3. Mailing Address

6560 West Rogers Circle

Suite, Apt. #, etc.

#27

Suite, Apt. #, etc.

#27

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA5. 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

ROSSZ FIU CORPORATION**200 SOUTH BISCAYNE BOULEVARD 20TH 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

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 State10. 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 **D** ☐ Delete
NAME **FOX, SPENCER**
STREET ADDRESS **200 SOUTH BISCAYNE BOULEVARD 20TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**TITLE **D/P** ☒ Change ☐ Addition
NAME **REIFF, RICK**
STREET ADDRESS **6560 West Rogers Circle, #27**
CITY-ST-ZIP **Boca Raton, FL 33487**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Reiff

Date

4-28-00

Daytime Phone #