

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0000287

DOCUMENT # P99000094640

1. Entity Name

SOLEIL TRADING, INC.

05-16-2001 90097 015 ***150.00

| | |
|---|--|
| Principal Place of Business NRAI SERVICES INC 526 E PARK AVENUE TALLAHASSEE FL 32301 US | Mailing Address C/O LOED. BLOCK & PARTNERS LLP 505 PARK AVE. NEW YORK NY 10022 |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0959070 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPS GUTT, MANUEL C/O 505 PARK AVE 9TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DORON, RONI C/O 505 PARK AVE 9TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BIBLIOWICZ, JACK C/O 505 PARK AVE 9TH FLOOR NEW YORK NY 10022 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Roni Doron

RONI DORON, VICE PRESIDENT

3/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)