

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90069 001 ***150.00

DOCUMENT # G08804

1. Entity Name
TRAX JOINT VENTURE, INC.

Principal Place of Business % LAWRENCE R. SHORTZ 1888 NW 21ST ST POMPANO BEACH FL 33069	Mailing Address % LAWRENCE R. SHORTZ 1888 NW 21ST ST POMPANO BEACH FL 33069-1334
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80022650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2229741		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SHORTZ, LAWRENCE R. 1300 N.E. 48TH STREET POMPANO BEACH FL				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	SHORTZ, LAWRENCE R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1300 N E 48 ST		NAME		
ST-ZIP	POMPANO BEACH, FL 00000		STREET ADDRESS		
			CITY-ST-ZIP		
VD	JACKSON, THOMAS A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	5635 COASTAL DR		NAME		
ST-ZIP	BOCA RATON FL		STREET ADDRESS		
			CITY-ST-ZIP		
STD	JACKSON, KENNETH R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	3031 N 35TH ST		NAME		
ST-ZIP	HOLLYWOOD FL		STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)