FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2001 8:00 am **DOCUMENT # G08804 Secretary of State** 1. Entity Name TRAX JOINT VENTURE, INC. 02-13-2001 90615 041 \*\*\*150.00 Principal Place of Business Mailing Address % LAWRENCE R. SHORTZ % LAWRENCE R. SHORTZ 1888 NW 21ST ST 1888 NW 21ST ST C0029760 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 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 59-2229741 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHORTZ, LAWRENCE R. Street Address (P.O. Box Number is Not Acceptable) 1300 N.E. 48TH STREET POMPANO BEACH FL City 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE SHORTZ LAWRENCE SHORTZ, LAWRENCE R NAME NAME STREET ADDRESS STREET ADDRESS 1300 N E 48 ST Pomparo Beach Fl. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 00000 ☐ Delete TITLE TITLE NAME JACKSON, THOMAS A NAME 956 HYACINTH Dr. STREET ADDRESS STREET ADDRESS 5635 COASTAL DR Irry Beach Fl. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** TITLE Delete TITLE ☐ Addition NAME Jackson, Kenneth R NAME 7000 Island Blud STREET ADDRESS STREET ADDRESS 3031-N 35TH-ST----CITY-ST-7IP CITY-ST-ZIP Aventuro- Fl HOLLYWOOD FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 withyan address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR