

06-19-2003 90046 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000042115
 1. Entry Name
 TRACK GEAR, INC. ✓ (L)

Principal Place of Business
 1314 EAST LAS OLAS BLVD., SUITE 700
 FT. LAUDERDALE, FL 33301

Mailing Address
 1314 EAST LAS OLAS BLVD., SUITE 700
 FT. LAUDERDALE, FL 33301

55051510

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
 01-0703819

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SKOP, MICHAEL W ESQ.
 12866 WEST DIXIE HIGHWAY
 NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's name is required when changing.)

FILE NOW!!! FEE IS \$150.00 EC
 After May 15, 2003 Fee will be \$150.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERNANDEZ, ELIZABETH 1314 EAST LAS OLAS BLVD., SUITE 700 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 6-9-03 951-467-9909
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR Date Current Phone #

CR2003 (10/02)