

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579435

1. Entity Name

TRACY INTERNATIONAL, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 013 ***150.00

Principal Place of Business

1801 NW 22ND ST
PO BOX 1435 (ZIP 33061)
POMPANO BCH FL 33069

Mailing Address

1801 NW 22ND ST
PO BOX 1435 (ZIP 33061)
POMPANO BCH FL 33069-1317

80007088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

739 NW 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

739 NW 2nd Street

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

59-1845413

Applied For
Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. 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

GLEN, JAMES B.
739 NW 2ND ST.
HALLANDALE FL 33009

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 State

10. 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 P ☐ Delete
NAME GLEN, JAMES B.
STREET ADDRESS 739 NW 2ND ST.
CITY-ST-ZIP HALLANDALE FL

TITLE Vice President ☒ Change ☐ Addition
NAME James B. Glen
STREET ADDRESS 739 NW 2nd Street
CITY-ST-ZIP Hallandale FL

TITLE VP ☐ Delete
NAME LAMB, ANTHONY
STREET ADDRESS 739 NW 2ND ST.
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DISTEFANO, J F
STREET ADDRESS 739 NW 2ND ST.
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition
NAME Howard Goldsmith
STREET ADDRESS 739 NW 2nd Street
CITY-ST-ZIP Hallandale, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

Daytime Phone #