

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F98000001004**1. Entity Name  
RELAC INTERNATIONAL, INC.

Principal Place of Business 555 NE 15TH STREET SUITE 100 VENETIAN CTR MIAMI 33132 US	FL	Mailing Address 555 NE 15TH STREET SUITE 100 VENETIAN CTR MIAMI 33132 US	FL
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2. Principal Place of Business 555 NE 15TH STREET	3. Mailing Address 555 NE 15TH STREET
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Suite, Apt. #, etc. SUITE 29B VENETIAN CTR	Suite, Apt. #, etc. SUITE 29B VENETIAN CTR
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33132	Country US	Zip 33132	Country US
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4. FEI Number  
**65-0869098**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
323012525  
US

FL

**7. Name and Address of New Registered Agent**Name  
BUSINESS FILINGS INCORPORATEDStreet Address (P.O. Box Number is Not Acceptable)  
1000 WEST AVENUE

SUITE 1114

City  
MIAMI BEACH

FL

Zip Code  
33139

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 **RICHARD L. MORRIS JUN., P.A.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/25/2001**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHELLIN ERIC P 2121 CRYSTAL DRIVE #704 ARLINGTON VA	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALDWIN ROSS 3551 NE 169TH STREET NORTH MIAMI BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT RENZLER EDGAR 555 NE 15TH STREET #293 MIAMI FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHELLIN ERIC P.P.A. 2121 CRYSTAL DRIVE #704 ARLINGTON VA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENZLER EDGAR K 555 NE 15TH STREET MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTEN CHRISTEL SIEGSTASSE 2 KOELN NW 50859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Christel Christen

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)