

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90093 023 ***550.00

DOCUMENT # L13440

1. Entity Name
ETF TECHNOLOGIES, INC.

Principal Place of Business

EXECUTRAIN OF FLORIDA
8240 NW 52ND TERRACE, SUITE 500
MIAMI FL 33166
US

Mailing Address

EXECUTRAIN OF FLORIDA
8240 NW 52ND TERRACE, SUITE 500
MIAMI FL 33166
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DBA GLOBAL TRAINING SOLUTIONS
 Suite, Apt. #, etc.
8240 NW 52ND TERR-STE 500

3. Mailing Address

DBA GLOBAL TRAINING SOLUTIONS
 Suite, Apt. #, etc.
8240 NW 52ND TERR-STE 500

City & State
MIAMI - FL

Zip
33166

Country
US

City & State
MIAMI - FL

Zip
33166

Country
US

4. FEI Number
59-2964135

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, RENNIE J MR
9042 SW 142 AVE, SUITE 210
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Kirk DeLeon**
 Street Address (P.O. Box Number is Not Acceptable)
44 West Flagler Street # 225
 City **MIAMI** PL **33130 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 Signature, typed or printed name of registered agent and held 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CEO**
SCHAER, ERIC ☐ Delete
 STREET ADDRESS **8240 NW 52 TERRACE, SUITE 500**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE
 NAME **CFO** ☒ Delete
DAY, RENNIE J
 STREET ADDRESS **8240 NW 52 TERRACE, SUITE 500**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/16/02** Daytime Phone # **305-470-2001**

CR2E034 (4/02)