

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088641

Entity Name
TRAFFIC USA, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90028 046 ***158.75

Principal Place of Business Mailing Address
~~5420 GRAND PARK PLACE~~
~~BOCA RATON FL 33486~~
~~US~~
~~5420 GRAND PARK PLACE~~
~~BOCA RATON FL 33486-1450~~
~~US~~

2. Principal Place of Business 3. Mailing Address
2130 NE 65th Court P.O. Box 272653

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale, FL Boca Raton, FL

Zip Country Zip Country
33308 USA 33427-2653 USA

4. FEI Number 65-0540048 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHANNSSON, GUDMUNDUR S
2-E CAMINO REAL
SUITE 213A
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2130 NE 65th Court
City Ft. Lauderdale, FL Zip Code 33308

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: *Gudmundur S. Johannsson* Gudmundur S. Johannsson, Reg. Agent 04/08/00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGSSON, MAGNUS	
STREET ADDRESS	5420 GRAND PARK PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUNNARSDOTTIR, UNA	
STREET ADDRESS	5420 GRAND PARK PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSSON, MAGNUS	
STREET ADDRESS	P O BOX 272653	
CITY-ST-ZIP	BOCA RATON, FL 33427-2653	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNARSDOTTIR, UNA	
STREET ADDRESS	P O BOX 272653	
CITY-ST-ZIP	BOCA RATON, FL 33427-2653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Una Gunnarsdottir* Una Gunnarsdottir, Sec. 04/08/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)