

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90212 005 ***150.00

DOCUMENT # P95000022608

1. Entity Name

INTELLITRACK INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9858 Glades Rd.

Suite, Apt. #, etc.
181

City & State
Boca Raton

Zip
33434

Country

3. Mailing Address
9858 Glades Rd.

Suite, Apt. #, etc.
181

City & State
Boca Raton, FL

Zip
33434

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0565099**

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Corporate Creations**

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street #200

City **Miami Beach**

FL Zip Code
33139

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Victor Sanchez President
9858 Glades Rd #181
Boca Raton, FL 33434**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)