2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90207 030 ***550.00

DOCUMENT # P95000077147

1. Entity Name
STRAX, INC.

Principal Place of Business	Mailing Address
12987 S.W. 132 COURT MIAMI FL 33186	12987 S.W. 132 COURT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1997 NW 87th Ave	1997 NW 87th Ave
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami FL	City & State: Miami FL
Zip: 33172 Country: Dade	Zip: 33172 Country: Dade

4. FEI Number 65-0612768 ☐ Applied For ☐ Not Applicable

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
TOMASSON, INGVI ~~12987 S.W. 132 COURT~~ ~~MIAMI FL 33186~~	Name: Ingvi Tomasson Street Address (P.O. Box Number is Not Acceptable): 1997 NW 87th Ave City: Miami FL Zip Code: 33172

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 _____ Aug 15th 2000
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 $550.00
After SEPTEMBER 13, 2000 Min. 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD TOMASSON, INGVI T ~~12900 SW 133 COURT~~ ~~MIAMI FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD Tomasson, Ingvi T 1997 NW 87th Ave Miami FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIELTVEDT, OLI A ~~12900 SW 133 COURT~~ ~~MIAMI FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bieltvedt, Oli A. 1997 NW 87th Ave Miami FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NAPOLI, JOSEPH M ~~12900 SW 133 COURT~~ ~~MIAMI FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Napoli, Joseph M. 1997 NW 87th Ave Miami FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PALACIO, CARLOS A ~~12900 SW 133 COURT~~ ~~MIAMI FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Palacio, Carlos A. 1997 NW 87th Ave Miami FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BIRGISSON, BIRGIR O ~~12900 SW 133 COURT~~ ~~MIAMI FL 33186~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Birgisson, Birgir O. 1997 NW 87th Ave Miami FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Aug 15th 2000 305-468 1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #