APR-27-2001 11:29 AM RICHARD BROWDY CPA 3(

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90163 026 ***150.00

DOCUMENT # P95000077147

1. Entity Name
STRAX, Inc

Principal Place of Business: 1997 NW 87 Ave
Mailing Address: 1997 NW 87 Ave

A0066975

2. Principal Place of Business
3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

City & State: Miami Fla.
City & State: Miami Fla

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
Tomasson Ingvi
1997 NW 87 Ave
Miami, Fla 33172

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City 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.

SIGNATURE X
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, 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	CPD	☐ Delete
NAME	Tomasson Ingvi	
STREET ADDRESS	1997 NW 87 Ave	
CITY-ST-ZIP	Miami Fla 33172	
TITLE	D	☐ Delete
NAME	Breitvedt, Oli A.	
STREET ADDRESS	1997 NW 87 Ave	
CITY-ST-ZIP	Miami Fla 33172	
TITLE	VD	☐ Delete
NAME	Napoli Joseph M.	
STREET ADDRESS	1997 NW 87 Ave	
CITY-ST-ZIP	Miami Fla 33172	
TITLE	SD	☐ Delete
NAME	Palacio, Carlos. A	
STREET ADDRESS	1997 NW 87 Ave	
CITY-ST-ZIP	Miami Fla 33172	
TITLE	TD	☐ Delete
NAME	Birgisson, Birgir D	
STREET ADDRESS	1997 NW 87 Ave	
CITY-ST-ZIP	Miami Fla 33172.	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #