2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P95000079720** Jul 28, 2000 8:00 am 1. Entity Name Secretary of State EPTRACE, INC. 07-28-2000 90148 035 ***150.00 Principal Place of Business Mailing Address 4313 SW 64 AVE. 4313 SW 64 AVE. DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0613905 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRAOLINI, EMILIO Street Address (P.O. Box Number is Not Acceptable) 4183 HALLENDALE BEACH BLVD HOLLYWOOD FL City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Addition Change 7171 F ☐ Delete TITLE PRAOLINI, EMILIO NAME NAME STREET ADDRESS 4049 S.W. 3RD STREET STREET ADDRESS CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BASTOS, PAMELA STREET ADDRESS 4049 S.W. 3RD STREET STREET ADDRESS CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP our quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director facule the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental of the corporation or the receiver or tri changed, or on an attachment with

RAOLINI

P95000079722

attachment

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PAUL THILEM & COMPANY 6554 NW 43 Court Coral Springs, FL 33067 Tel. (954) 255-5435 Fax. (954) 255-0299

7/21/00

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

RE: EPTRACE, INC 2000 ANNUAL REPORT

DEAR SIR,

PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR FIRST ANNUAL REPORT AND HAVE NEVER BEEN LATE FILING SAME. WE ARE ENCLOSING OUR CHECK NO 7776 IN THE AMOUNT OF 150.00. WE WOULD APPRECIATE YOU ACCEPTING THE ORIGINAL AMOUT OF 150.00 FOR THE ANNUAL REPORT INSTEAD OF THE 550.00 YOU ARE NOW REQUIRING. IF YOU NEED ANY ADDITIONAL INFORMATION PLEASE CONTACT US AT YOUR EARLIEST CONVIENCE.

SINCERELY

PAUL THILEM ACCOUNTANT