

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000082521**

1. Entity Name

TRACE CONSULTING CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90310 049 ***150.00

Principal Place of Business
**1112 WESTON RD.
SUITE 106
FT. LAUDERDALE, FL.
33326**

Mailing Address
**1112 WESTON RD.
SUITE 106
FT. LAUDERDALE, FL.
33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

City & State

4. EFL Number
65-0626784

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BARRY ALDOROTY
1112 WESTON RD., SUITE 106
FT. LAUDERDALE, FL. 33326

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **BARRY ALDOROTY**
STREET ADDRESS **1112 WESTON RD., STE 106**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33326**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Barry Aldoroty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY ALDOROTY

Date

4/21/00

Daytime Phone #

954 384 8955

CRZE034 (9/99)