

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90021 032 ***150.00

DOCUMENT # P97000091572

1. Entity Name

EXTEND REACH CORPORATION

Principal Place of Business

**1800 ELLER DRIVE SUITE 420
 FORT LAUDERDALE FL 33316
 US**

Mailing Address

**P.O. BOX 13143
 FORT LAUDERDALE FL 33316
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0826880**

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

**BREIT, RICHARD H
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BUKKEHAVE, HANS CHRISTIAN	
STREET ADDRESS	CHRISTIANSMINDEVEJ 4	
CITY-ST-ZIP	DK-5700 SVENDBORG, DENMARK	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAAR, CHRISTIAN	
STREET ADDRESS	1800 ELLER DR, SUITE 420, P.O. BOX 13143	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKLIN, PETER	
STREET ADDRESS	7, ROSCROFT AVENUE HAMPSTEAD	
CITY-ST-ZIP	LONDON NW37QA ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, ALAN S	
STREET ADDRESS	3111 STERLING RD PO BOX 9057	
CITY-ST-ZIP	FT LAUDERDALE FL 33310	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAKEUCHI, TOHEI	
STREET ADDRESS	1-14-12 MINAMI SENZOKU	
CITY-ST-ZIP	OHTA-KU 145-0063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/02 (954) 525-9700

CR2E034 (9/01)