

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91078 046 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVA, VALCIRIA
1800 ELLER DRIVE, SUITE 420
FORT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BUKKEHAVE, HANS CHRISTIAN**
STREET ADDRESS **CHRISTIANSMINDEVEJ 4**
CITY-ST-ZIP **DK-5700 SVENDBORG, DENMARK**

TITLE **S** ☐ Change ☒ Addition
NAME **VALCIRIA SILVA**
STREET ADDRESS **6710 NW 25th TER.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **D** ☐ Delete
NAME **HAAR, CHRISTIAN**
STREET ADDRESS **1800 ELLER DR, SUITE 420, P.O. BOX 13143**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **NEIL JOHNSON**
STREET ADDRESS **1800 ELLER DRIVE, SUITE 420, PO BOX 13143**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
NAME **BARKLIN, PETER**
STREET ADDRESS **7, ROSCROFT AVENUE HAMPSTEAD**
CITY-ST-ZIP **LONDON NW37QA ENGLAND**

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

TITLE **D** ☐ Delete
NAME **BECKER, ALAN S**
STREET ADDRESS **3111 STERLING RD PO BOX 9057**
CITY-ST-ZIP **FT LAUDERDALE FL 33310**

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

TITLE **D** ☒ Delete
NAME **TAKEUCHI, TOHEI**
STREET ADDRESS **1-14-12 MINAMI SENZOKU**
CITY-ST-ZIP **OHTA-KU 145-0063**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VALCIRIA SILVA

2/14/03 (954) 525-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)