2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106561

1. Entity Name

QUICK TRACE RECOVERY, INC.



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

01-17-2003 90052 009 ***150.00

GOION TRACE RECOVERY, INC.							
PO BOX 848	ace of Business 893 PINES FL 33084	Mailing A PO BOX & PEMBROK			POLENE NA HOL		
2. Principal	Place of Business	3. Mailing	Address		-		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING C	HANGES	
City & Sta	ate	City & S	tate		4. FE! Number 65-0905759	Applied For	_
Zip	Country	Zip	b.	Country		3.75 Additional e Required	ibie
	6. Name and Address of Curre	nt Registered A	gent		7. Name and Address of New Registered Age	<u> </u>	
BELBEN, ALEXANDRA				Name	,		
	/ES STREET LOT #1			Street Address:((P.O.:Box Number is Not Acceptable)		
	OOD FL 33024			,			\dashv
				City	FL	Zip Code	
8. The above	e named entity submits this statemen	for the purpose	of changing its re	gistered office or register	red agent, or both, in the State of Florida. I am fam	iliar with, and acce	pt
				•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	e. (NOTE: Re	egistered Agent signature required	when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00		18.5	40			\dashv
Afte Make Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Э
10.		D DIRECTORS		11,	ADDITIONS/CHANGES TO OFFICERS AND DII	RECTORS IN 11	\dashv
TITLE NAME	PYVS BELBEN, ALEXANDRA		Delete	TITLE		Change	ion 8
STREET ADORESS	6014 HAYES ST #1	,		NAME STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024			CITY-ST-ZIP			200
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12. Thereby 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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03

954-797-7371 Daytime Phone #