

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004461

1. Entity Name

THIRD RAIL TECHNOLOGIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90072 010 ***150.00

Principal Place of Business

2801 FLORID AVENUE
 SUITE 212
 COCONUT GROVE FL 33133

Mailing Address

2801 FLORID AVENUE
 SUITE 212
 COCONUT GROVE FL 33133

2. Principal Place of Business

2801 Florida Avenue
 Suite, Apt. #, etc.
 Suite 212

3. Mailing Address

4635 St Croix Lane
 Suite, Apt. #, etc.
 1237

City & State
 Coconut Grove FL

City & State
 Naples FL

Zip
 33133

Country
 U.S.

Zip
 34109

Country
 U.S.

4. FEI Number

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

KAMEN, CINDI
 7101 S.W. 102 AVE.
 MIAMI FL 33173

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME P
 STREET ADDRESS David Leventhal
 CITY-ST-ZIP 4635 St Croix Lane #1237
 Naples FL 34109

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

4/25/00 941-593-8808

CR2E034 (9/99)