

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90062 040 ***150.00

DOCUMENT # P99000004461

1. Entity Name

THIRD RAIL TECHNOLOGIES, INC.

Principal Place of Business

2801 FLORIDA AVENUE
SUITE 212
COCONUT GROVE FL 33133

Mailing Address

4635 ST. CROIX LN
1237
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

101 Carver Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State

City & State

Chapel Hill, NC

Zip

Country

Zip

Country

27516

Orange

4. FEI Number NOT APPLICABLE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LEVENTHAL, DAVID
4635 ST. CROIX LN #1237
NAPLES FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Leventhal, David
101 Carver Street Suite B
Chapel Hill NC 27516

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/17/01

Date

919-593-2401

Daytime Phone #

CR2E034 (10/00)