## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P99000028586 TRACIKA IMPORT & EXPORT OF FLORIDA, INC. 05-12-2000 90059 013 \*\*\*150.00 Mailing Address Principal Place of Business 11872 9TH STREET 11872 9TH STREET CORAL SPRINGS FL 33071-5042 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 0036 NW SZRD STREET 10036 NW 53KD STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable SUNRISE SUNRISE Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 33351 3<u>3351</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARRITY, JOSEPH D ESQ Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DRIVE, SUITE 103 CORAL SPRINGS FL 33071 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE PD Delete NAME NAME TABACARU, ELENA STREET ADDRESS STREET ADDRESS 11272 NW 9th Sheet 21 AVERDON CRESENT 330N CITY-ST-ZIP CITY-ST-ZIP NORTH YORK, ONTARIO M3A-1P4 Change ■ Addition ☐ Delete TITLE TITLE TABACARU CORNE NAME NAME TABACARU, CORNEL 11872 NW 9th sheet STREET ADDRESS STREET ADDRESS 21 AVERDON CRESENT CORAL SPRINGS, H CITY-ST-ZIP CITY-ST-ZIP NORTH YORK, ONTARIO M3A-1P4 Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 is changed, or on an attactment with an address with all offer like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP