## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000098887** OPTICTREK.COM, INC. 04-18-2000 90150 008 \*\*\*150.00 Mailing Address rincipal Place of Business \*\* KTG&S REGISTERED AGENT CORPORATION C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR \_\_ S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131-2158 FL 33131 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\* KTG&S REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST., 28TH FLOOR **MIAMI FL 33131** City 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. :::'wr∀i fikkE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 5. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIE Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Addition TITLE NAME - Alumi çı STREET ADORESS ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 3MAM STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition □ Defete TITLE STREET ADDRESS CITY-ST-ZIP ST ZIP 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 path; that I am an officer or director 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 of 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 of the corporation or the receiver changed, or on an attachment an address with all SIGNATURE AND TYPED

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