

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90195 019 \*\*\*158.75

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DOCUMENT # **518024**

1. Entity Name  
**TECHDYNE, INC.**

Principal Place of Business  
**2230 W 77 ST.  
 HIALEAH FL 33016**

Mailing Address  
**2337 W 76TH ST  
 HIALEAH FL 33016  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2230 W. 77<sup>TH</sup> ST.**  
 Suite, Apt. #, etc.

City & State  
**HIALEAH, FL**

Zip Country  
**33016 U.S.A.**

4. FEI Number **59-1709103** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VERGA, JOSEPH  
 2230 WEST 77TH STREET  
 HALEAH FL 33016**

7. Name and Address of New Registered Agent  
 Name **DAVID L. WATTS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2230 WEST 77<sup>TH</sup> STREET**  
 City **HIALEAH FL** Zip Code **33016**

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 DATE **3/25/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>D'AMORE ANTHONY C.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHTS NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>PARDON, BARRY</b> <b>2230 W. 77 ST.</b> <b>HIALEAH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <input checked="" type="checkbox"/> Delete <b>VERGA, JOSEPH</b> <b>2230 W. 77 ST.</b> <b>HIALEAH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <input checked="" type="checkbox"/> Delete <b>LANGBEIN, THOMAS K.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHT NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>OUZTS, DANIEL R.</b> <b>2337 W. 76 ST.</b> <b>HIALEAH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>FISCHBEIN, PETER D.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHTS NJ</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DCEO</b> <b>SAMUEL RUSSELL</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Lytton Crossley</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C-FOO</b> <b>DAVID L. WATTS</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VPPD</b> <b>JOHN IAN DURIE</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>CHRISTINA M.J. RUSSELL</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>THOMAS FOGGO</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>KENNETH GREENHALGH</b> <b>2230 W. 77 ST.</b> <b>HIALEAH, FL. 33016</b>

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 an other like empowered.

SIGNATURE: DATE **3/25/02** DAYTIME PHONE # **305-827-5240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (9/01)