2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G52026 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name TEJERA MICROSYSTEMS ENGINEERING, INC. 五月八十月 成二 04-20-2000 90092 040 ***150.00 Principal Place of Business Mailing Address P.O. BOX 340608 P.O. BOX 340608 TAMPA FL 33694 TAMPA FL 33694-0608 2. Principal Place of Business 3. Mailing Address Blooming dale Ave Suite, Apt, #, etc. Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2312124 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEJERA, ALBERT R Street Address (P.O. Box Number is Not Acceptable) 15711 COUNTRY LK. DR. **TAMPA FL 33624** werview 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. TETERA 43615 istered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. 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. (See criteria on back) \Box · Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete TEJERA ALBERT R 13016 Shadon Run Rlud. TEJERA, ALBERT R NAME NAME STREET ADDRESS 15711 COUNTRY LAKE DR STREET ADDRESS CITY-ST-ZIP RIVERVIEW CITY-ST-ZIP TAMPA FL 33624 ☐ Addition Change Delete TITLE , PATSY R. TEJERA, PATSY R NAME NAME 12016 Shadow Run Blud STREET ADDRESS 15711 COUNTRY LAKE DR. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.