

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G57198

1. Entity Name

TECNOGRAFIC, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90080 003 ***150.00

Principal Place of Business

1010 NW 51ST PL

FT. LAUDERDALE FL 33309
US

Mailing Address

1010 NW 51ST PL

FT. LAUDERDALE FL 33309-3140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2324608

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARTHE, FREDERIC M.
888 SE 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33416

Name

BARTHE FREDERIC

Street Address (P.O. Box Number is Not Acceptable)

3101 N. FEDERAL HWY

City

OAKLAND PARK

FL

Zip Code

33309

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

4-18-2000

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, 2000 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
Delete ☐

PDT
BELNOSTE, MARC
611 SE 12TH STREET
POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

VPS
BELHOSTE, DIANE
611 SE 12 ST
POMPANO BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

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STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4-18-2000

CR2E034 (9/99)