

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K93265**

1. Entity Name

FINANCIAL TECHNOLOGIES, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90512 001 ***103.75

05-14-2002 90512 002 ****55.00

Principal Place of Business

Mailing Address

**11098 BISCAYNE BLVD
STE 403
MIAMI FL 33161
US**

**C/O LARREA & ORTEGA
2300 CORAL WAY STE 111
MIAMI FL 33145
US**

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0122747

Applied For

Not Applicable

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

**DADE CORPORATE SERVICE, INC
2300 CORAL WAY
STE 101
MIAMI FL 33145**

Name

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

City

FL

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SINAI, JOSE MR 11098 BISCAYNE BLVD., SUITE 403 MIAMI FL 33161	<input type="checkbox"/>	No change	<input type="checkbox"/>
VSD IASLOVITS, LAUREN MS 11098 BISCAYNE BLVD., SUITE 403 MIAMI FL 33161	<input type="checkbox"/>	No change	<input type="checkbox"/>
VTD SINAI, DAVID MR 11098 BISCAYNE BLVD., SUITE 403 MIAMI FL 33161	<input type="checkbox"/>	No change	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

JOSE SINAI

Date

Daytime Phone #

2/22/02

305 891 3300

CR2E034 (9/01)