FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 91408 033 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25655

1. Entity Name Tech Sales Corporation

DO NOT WRITE IN THIS SPACE

55049482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5030 Champion Blvd		5030 Champion Blvd	
Suite, Apt. #, etc. 6-102		Suite, Apt. #, etc. 6-102	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33496	Country USA	Zip 33496	Country USA

4. FEI Number 59-2628718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Robert M Ramer

Street Address (P.O. Box Number is Not Acceptable) 5605 NW 39th Ave

City BOCA RATON FL Zip Code 33496

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	TITLE	
NAME	Robert M Ramer	NAME	
STREET ADDRESS	5030 Champion Blvd 6-102	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: R M Ramer Robert M Ramer PRES April 30, 2003 561-241-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)