2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000007321 May 26, 2000 8:00 am TECHNOLOGY FORUM OF SOUTH FLORIDA INC. Secretary of State 05-26-2000 90090 032 ****61.25 Principal Place of Business Mailing Address 5582 MARBELLA DRIVE P.O. BOX 4458 **BOCA RATON FL 33433** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address ---Suite: Apt_#_etc.___ Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) AMERICAN INFORMATION SERVICE, INC. 350 EAST LAS OLAS BLVD. **SUITE 1600** City Zip Code FORT LAUDERDALE FL 33301 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. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President (P) ☐ Delete ☐ Addition TITLE TITLE ☐ Change ms: margaret Grisdela NAMÉ NAME PO BOX 4458 STREET ADDRESS STREET ADDRESS Deerfield: Beach, F1 33442-4458 CITY-ST-ZIP! CITY-ST-ZIP Treasurer (T) Delphe Mr. August A Smith- Kemo-l Jeanne Praythe ☐ Addition Change Change MEPMG NAME One Biscayne Tower Two Biscayne BIVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIOMI FI 33014 Board member (b) Change ☐ Addition TITLE TITLE Mr. Thomas patherson director of tax byon him by way Cittix systems NAME NAME STREET ADDRESS 6400 NW 6th Way STREET ADDRESS Fort lauderdale, FI 33309 Board member (D) my scott-Brinker 1-on Inkractive CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME 129 Palmetto Park Ka STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boca Lecton, FI 33432 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIPL -CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

MARKATHOSQUIRED
SGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4120100

<u>964-462-4798</u>

Daytime Phone #