

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048317

1. Entity Name

TECHNOLOGY CENTER OF THE AMERICAS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90026 004 \*\*\*150.00

Principal Place of Business

2601 S. BAYSHORE DRIVE  
SUITE 900  
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE  
SUITE 900  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013082

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

Name

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

City

State

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	CROSS, L. JAY	
STREET ADDRESS	601 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, MANUEL D	
STREET ADDRESS	2601 S. BAYSHORE DRIVE SUITE 900	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLWORTH, ERIC S	
STREET ADDRESS	601 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, MICHAEL	
STREET ADDRESS	2601 S. BAYSHORE DRIVE SUITE 900	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VP AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FINVARS	
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 900	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]*

ROBERT FINVARS, V.P. & ASST. SECY. 4/5/01 305-856-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)