2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

address, with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 2001 8:00 am § Secretary of State DOCUMENT # P94000062430 1. Entity Name 05-17-2001 90411 010 ***150.00 TECHORDER, INC. Principal Place of Susiness Mailing Address 1680 MICHIGAN AVE P.O. BOX 8897 B0058091 MIAMI BEACH FL 33139 MIAMI BEACH FL 33239 US US 2. Principal Place of Business 3. Mailing Address 2915 BISCAYNE BLUD. 2915 BISCAYNE BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 302 SUITE 302 City & State Applied For City & State 4. FEI Number 65-0524233 Florida MEAME, Miami Not Applicable Country \$8.75 Additional 33137 5. Certificate of Status Desired 33137 U.A. USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTHEW J MILLIZOK FEVRIER, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 650 SAWGRASS BLVD. VENICE FL 34292 City MEAME 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition CEOD TITI F TITLE ☐ Delete FLYNN, J.E. DAVID NAME NAME 2915 BISCAYNE BLVD. STE 302 STREET ADDRESS 1680 MICHIGAN AVE. STREET ADDRESS MIAMI, FL 33137 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139-☐ Change Addition TITLE TITLE ☐ Delete MATTHEW J. MILITZOK, ESQ. NAME NAME 2915 BISCAYNE BLUD. STE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEAMI, FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

FILED

CR2E034 (10/00)

Daytime Phone #