

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 022 ***150.00

DOCUMENT # P96000038376

1. Entity Name
 Technological Investment & Supplies, Inc.

Principal Place of Business Mailing Address
 c/o 1260 SW 142nd Court

Miami, FL
 33184

2. Principal Place of Business 3. Mailing Address
 c/o 1260 SW 142nd CT 1260 SW 142nd CT

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL City & State MIAMI FL 4. FEI Number 65-0662433 Applied For Not Applicable

Zip 33184 Country U.S.A. Zip 33184 Country U.S.A. 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Oscar R. Aguilar
 1260 SW 142nd Court
 Miami, FL 33184

7. Name and Address of New Registered Agent
 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

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 Trust Fund Contribution. 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 | P Finco, Stefano S. 1260 S.W. 142nd CT Miami, FL 33184 <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 | VP Bracc, Domenico 1260 SW 142nd CT Miami, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date 4/30/03 Daytime Phone # (305) 223-4747

CP2E034 (9/98)