

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90023 014 \*\*\*150.00

**DOCUMENT # P97000076531**  
 1. Entity Name  
**TECPORT OPTICS, INC.**

Principal Place of Business      Mailing Address  
 2112 W. CENTRAL BLVD 5      14269 DELJEAN CIR  
 ORLANDO FL 32808      ORLANDO FL 32828-8006  
 US

2. Principal Place of Business      3. Mailing Address  
**2112 W. CENTRAL BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ORLANDO FLORIDA**  
 Zip      Country      Zip      Country  
**32805      USA**

4. FEI Number      Applied For  
**59-3471642**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LETAM, V**  
**14269 DEJEAN CIR**  
**ORLANDO FL 32792**

7. Name and Address of New Registered Agent  
 Name      **LE, TAM V**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14269 DELJEAN CIRCLE**  
 City      State      Zip Code  
**ORLANDO      FL      32828**

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      **TAM VAN LE, PRESIDENT**      DATE      **4/30/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LE, TAM V</b>
STREET ADDRESS	<b>7248 ABBEY LN.</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KIM, JOSEPH</b>
STREET ADDRESS	<b>14269 DELJEAN CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 REQUIRED**      DATE      **4/30/00**      DAYTIME PHONE #      **(407)648-1616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)