2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054485

1. Entity Name
Total Technology Limited Inc.

FILED
01 MAR 15 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 8890 Coral Way #218, Miami, FL 33165

Mailing Address: 8890 Coral Way Suite 218, Miami, FL 33165.

2. Principal Place of Business: 8890 Coral Way
Suite, Apt. #, etc.: #218
City & State: Miami, FL
Zip: 33165 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 00-01

4. FEI Number: 65-086-8799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Alfonso, Lazaro M
5805 W 15 Ct.
Hialeah, FL 33012

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] President 10/1/00.
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Lazaro M. Alfonso / 5805 W 15 Ct. / Hialeah, FL 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003892800--6 --03/22/01--01065--032 ****300.00 ****300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Grisel Alfonso / 5805 W 15 Ct. / Hialeah, FL 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 10/1/00 (305) 796-3785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #