

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000054485**
 1. Entity Name
Total Technology Limited Inc.

FILED

01 MAR 15 PM 4:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
8890 Coral Way #218 8890 Coral Way
Miami, FL 33165 Suite 218
Miami, FL 33165

2. Principal Place of Business 3. Mailing Address
8890 Coral Way Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#218

REINSTATEMENT SPACE

00-01

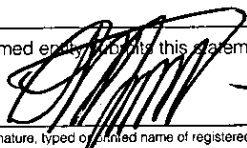
City & State City & State
Miami, FL
 Zip Country Zip Country
33165 USA

4. FEI Number
65-086-8799 ☒ 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 15th
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  **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) ☐

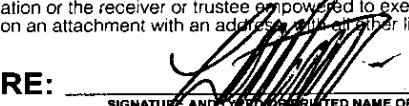
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	President	☐ Delete
NAME	Lazaro M. Alfonso	
STREET ADDRESS	5805 W 15th	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	Secretary	☐ Delete
NAME	Grisel Alfonso	
STREET ADDRESS	5805 W 15th	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	000003892800	☐ Addition
NAME	-03/22/01--01065--032	
STREET ADDRESS	*****900.00 *****900.00	
CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ Change ☐ Addition

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 or other like empowered.

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

CR2E034 (9/99)