

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90994 027 \*\*\*150.00

**DOCUMENT # P99000004193**

1. Entity Name  
**TECHMOTOSIERRAS INT'L. INC.**

*R*

Principal Place of Business <del>0401 S.W. 107TH AVE.</del> <del>MIAMI FL 33178</del>	Mailing Address <del>0401 S.W. 107TH AVE.</del> <del>MIAMI FL 33178</del>
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2. Principal Place of Business <b>14611 S.W. 88 ST</b> Suite, Apt. #, etc. <b>SUITE L 408</b> City & State <b>MIAMI, FL 33186</b> Zip <b>33186</b>	3. Mailing Address <b>14611 S.W. 88 ST</b> Suite, Apt. #, etc. <b>SUITE L-408</b> City & State <b>MIAMI, FL 33186</b> Zip <b>33186</b>
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4. FEI Number <b>65-0892668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent

**MERCHAN, GERARDO M**  
~~0401 S.W. 107TH AVE.~~  
~~SUITE 110 C~~  
~~MIAMI FL 33178~~

**14611 S.W. 88 ST**  
**APT # L-408**  
**MIAMI, FL 33186**

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]* DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent also use 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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> <b>MERCHAN M. GERARDO</b> <del>0401 S.W. 107TH AVE.</del> <del>MIAMI FL 33178</del>		<b>PRESIDENT</b> <b>MERCHAN, GERARDO M</b> <b>14611 S.W. 88 ST APT L-408</b> <b>MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VICE PRESIDENT</b> <b>ROJAS, MARIA V.</b> <b>14611 S.W. 88 ST. APT # L-408</b> <b>MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/26/00** (305) 408 379L  
Signature typed or printed name of signing officer or director

CR2E034 (9/99)