**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # V44506  1. Entity Name TECNICARD INC.  |  |   |   |   | Jul 27, 2001 8:00 am<br>Secretary of State<br>07-27-2001 90006 014 ***550.00 |                                       |                 |                     |
|---|--|---|---|---|--|---------------------------------------|-----------------|---------------------|
| Principal Plac<br>1110 BRICKEL<br>601<br>MIAMI FL 331:<br>US  | L AVE  | Mailing Address<br>1110 BRICKELL AVE<br>601<br>MIAMI FL 33131<br>US | 110 BRICKELL AVE<br>801<br>Alami FL 33131<br>US |   |  |                                       |                 |                     |
| 319<br>Suite, Apt,<br>\$01  | 2. Principal Place of Business 3. 171 CoRAL WAY  Suite, Apt. #, etc. SUITE # 800  City & State  City & State  Suite, Apt. #, etc. City & State |   |   |   |  |                                       |                 |                     |
| <u> </u>  | AMI FL   | MIAMI F   | Country D.                                      |   | 5. Certificate of State  | <b>-0362254</b><br>us Desired □       | \$8.75 Add      | t Applicable        |
|   | 6. Name and Address of Current R   | egistered Agent   |   |   | 7. Name and Addre  | ss of New Registere                   | Fee Required    |                     |
| BERLEY, DAVID R 1428 BŘICKELL AVE MIAMI PL 33131  |  |   |   | Name Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                 |                     |
| 1110 4111 1 C   | 33.31  |   | City  | 7.  |  | · · · · · · · · · · · · · · · · · · · | Zip Code        |                     |
| 8. The above  | named entity submits this statement for  | the purpose of changing its re                                      |   | e or registered   | agent, or both, in th  | <del></del>                           | Zip Code        |                     |
| SIGNATURE .   | Signature, typed or printed name of registered agent an  | d title if applicable. (NOTE: F                                     | Registered Agent sig                            | gnature required wh                                     | nen 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!!! FE After September 12, 200 Make Check Payable to  |  |   | 2001 Fee wil                                    | l be \$750.00   | Truet Fund   | ampaign Financing<br>Contribution.    |                 | 0 May Be<br>to Fees |
| 11.   | OFFICERS AND D   | IRECTORS  | 12.   |   | ADDITIONS/CHANG  | GES TO OFFICERS A                     | ND DIRECTORS    | 3 IN 11             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSD<br>BALLADARES, CARLOS<br>1 <del>110 BRICKELL AVE</del><br>MIAMI FL   | □ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP            | 319<br>MIA  | 1 CORAL W<br>Mi, FL.   | AY #800                               | ☐ Change        | Addition            |
| TITLE<br>NAME<br>STREET ADDRESS.<br>CITY-ST-ZIP   | EVP<br>BALTODANO, MARCIO<br>1410 DRICKELL AVE 601<br>MIAMI FL 33131  | Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP            | s 3/9/  | CORAL W.   | AY #800                               | ☐ Change        | ☐ Addition }        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | GM<br>GALVEZ, OSCAR<br>1 <del>110 BRICKELL AVE #601</del><br>MIAMI FL 33131  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP   |   | CORAL WI<br>Mi, FL.  |                                       | ☐ Change        | ☐ Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | □ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP            |   |  |                                       | ☐ Change        | ☐ Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | □ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP            | SS .  |  |                                       | ☐ Change        | Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP            | SS  |  |                                       | ☐ Change        | Addition            |
| 13. I hereby certify that the information supplied with this filling 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 privistee 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. |  |   |   |   |  |                                       |                 |                     |
| SIGNAT  |  | REARTOS BA  |   | دعما  | <i>O /</i> :   |                                       | Daytime Phone # | -00/8               |