

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90496 038 ***150.00

DOCUMENT # F00000005519

1. Entity Name

ADJOINED TECHNOLOGIES, INC.

Principal Place of Business

2700 SOUTH COMMERCE PARKWAY, SUITE 309
 FORT LAUDERDALE FL 33331

Mailing Address

2700 SOUTH COMMERCE PARKWAY, SUITE 309
 FORT LAUDERDALE FL 33331

2. Principal Place of Business

5301 Blue Lagoon Drive

3. Mailing Address

5301 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

APPLIED FOR
65-1031484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 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, 2001 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROGERS, RODNEY J**
 CITY-ST-ZIP **2700 SOUTH COMMERCE PARKWAY, SUITE 309**
FORT LAUDERDALE FL 33331

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DUNCAN, ANDREW**
 CITY-ST-ZIP **2700 SOUTH COMMERCE PARKWAY, SUITE 309**
FORT LAUDERDALE FL 33331

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **ROSENBLUM, MICHAEL**
 CITY-ST-ZIP **2700 SOUTH COMMERCE PARKWAY, SUITE 309**
FORT LAUDERDALE FL 33331

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **PRUITT, WILLIAM D**
 CITY-ST-ZIP **2700 SOUTH COMMERCE PARKWAY, SUITE 309**
FORT LAUDERDALE FL 33331

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WATSON, KEVIN**
 CITY-ST-ZIP **2700 SOUTH COMMERCE PARKWAY, SUITE 309**
FORT LAUDERDALE FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *5301 Blue Lagoon Drive*
 CITY-ST-ZIP *Suite 700 Miami, FL 33126*

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *same as above*
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-01 3052698588

CR2E034 (10/00)