

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000030548

**Entity Name:** UNIKEY TECHNOLOGIES INC.

**Current Principal Place of Business:**

315 E. ROBINSON STREET  
SUITE 180  
ORLANDO, FL 32801

**FILED**  
**Mar 15, 2023**  
**Secretary of State**  
**3832270703CC**

**Current Mailing Address:**

315 E. ROBINSON STREET  
SUITE 180  
ORLANDO, FL 32801 US

**FEI Number:** 27-2340364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUMAS, PHIL  
315 E. ROBINSON STREET  
SUITE 180  
ORLANDO, FL 32801 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PTSD
Name	DUMAS, PHIL
Address	315 E. ROBINSON STREET SUITE 180
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	TAM, HULUSI
Address	30411 MARBELLA VISTA
City-State-Zip:	SAN JUAN CAPISTRANO CA 92675
Title	DIRECTOR
Name	GLUCHOWSKI, GREGORY
Address	63 BOULDER VIEW
City-State-Zip:	IRVINE CA 92603

Title	DIRECTOR
Name	FRANKEL, JOHN
Address	382 NE 191ST ST STE 31732
City-State-Zip:	MIAMI FL 33179-3899
Title	DIRECTOR
Name	SIMONI, RICHARD
Address	2595 E. BAYSHORE RD STE 240
City-State-Zip:	PALO ALTO CA 94303

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHIL DUMAS

**PTSD**

**03/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date