## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 680030** 1. Entity Name TELLA-TECH OF FLORIDA, INC. 04-24-2001 90232 027 \*\*\*150.00 Principal Place of Business Mailing Address 11900 BISCAYNE BLVD. 11900 BISCAYNE BLVD. SUITE 408 SUITE 408 NORTH MIAMI FL 33181 N. MIAMI FL 33181 US DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2019675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANTZ, JEFFERY W ESQ 11900 BISCAYNE BLVD #408 \* NEW #408 N MIAMI FL 33181 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) DST ☐ Addition (Change TITLE ☐ Delete TITLE FRANTZ, JEFFREY W NAME NAME 11900 BISCAYNE BLVD., SUITE STREET ADDRESS STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP CITY-ST-ZIP aboute PORK, Th. 3300 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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 his 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

SIGNATURE: