

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002571**

1. Entity Name

TECHNOLOGIES INTERNATIONAL ENTERPRISES, LTD.

Principal Place of Business

**8762 LAKE TIBET CT
ORLANDO FL 32836**

Mailing Address

**8762 LAKE TIBET CT
ORLANDO FL 32836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3482440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVENTHAL, RONALD H
8762 LAKE TIBET COURT
ORLANDO FL 32836**

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.

DATE

9. Capital Contributions as Shown on record.

\$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000078057**
NAME **TECHNOLOGIES INTERNATIONAL ENTERPRISES, INC**
STREET ADDRESS **8762 LAKE TIBET COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

STREET ADDRESS

CITY-ST-ZIP

700005294287--0
-04/19/02--01004--007
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RES OF GP 4/9/02 487-876-3317
Date Daytime Phone #

APPROVED
AND
FILED

02 APR 15 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0008478 AT

CP2E003 (9/01)