

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005531

1. Entity Name
SAPPHIRE TECHNOLOGIES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90024 006 ***150.00

Principal Place of Business
60 HARVARD MILL SQUARE
WAKEFIELD MA 01880

Mailing Address
60 HARVARD MILL SQUARE
WAKEFIELD MA 01880

A0009643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6600 N. Andrews Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

Fort Lauderdale

Zip

Country

Zip

Country

33309

USA

4. FEI Number 04-3342612

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

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

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STRONG, JOSEPH
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880 ☐ Delete

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

TITLE TD
NAME LENTO, NICHOLAS
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880 ☐ Delete

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

TITLE CLRK
NAME SHEETZ, MICHAEL-N
STREET ADDRESS 225 FRANKLIN STREET
CITY-ST-ZIP BOSTON MA 02110 ☐ Delete

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

TITLE ACLK
NAME FUCCILLO, RONALD
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

1/12/01

Day

781-213-1500

Daytime Phone #

CR2E034 (10/00)