

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90065 019 \*\*\*150.00

0242944

**DOCUMENT # F40066**

1. Entity Name  
**TECHNICOM, INC.**

Principal Place of Business Mailing Address  
**736 N.E. 20 AVENUE 736 N.E. 20 AVENUE**  
**FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304**

2. Principal Place of Business

Address

Suite, Apt #



**Our NEW address:**  
**3000 E. Sunrise Blvd. #2B**  
**Ft. Lauderdale, FL 33304**  
**Telephone: (954) 568-3848**

etc.

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2103030**

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

**EMO CORPORATE SERVICES, INC.**  
**100 N.E. THIRD AVENUE**  
**SIOTE 1100**  
**FT. LAUDERDALE FL 33301**

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

12.

AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PST**  
STREET ADDRESS **GREEN, RAYMOND**  
CITY-ST-ZIP **736 NE 20 AVENUE**  
**FT LAUDERDALE, FL 00000**

**New Address**  
TITLE ☒ Change ☐ Addition  
NAME **3000 E. Sunrise Blvd. #2B**  
STREET A **Ft. Lauderdale, FL 33304**  
CITY-ST- **Telephone: (954) 568-3848**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GREEN, RAYMOND**  
CITY-ST-ZIP **736 NE 20 AVENUE**  
**FT LAUDERDALE FL**

**New Address**  
TITLE ☒ Change ☐ Addition  
NAME **3000 E. Sunrise Blvd. #2B**  
STREET **Ft. Lauderdale, FL 33304**  
CITY-ST- **Telephone: (954) 568-3848**

TITLE ☐ Delete  
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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:

*Raymond Green*

**RAYMOND GREEN**

**JAN 16/01 (954) 568-3848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)