

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006470

1. Entity Name

TERANEX, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90178 027 ***158.75

Principal Place of Business

7800 SOUTHLAND BLVD
SUITE 250
ORLANDO FL 32809

Mailing Address

7800 SOUTHLAND BLVD
SUITE 250
ORLANDO FL 32809-8530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3479838

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

MILITARY COMMERCIAL TECHNOLOGIES
ERIC ALTERMAN
101 PHILIPPE PKWY., STE. 300
SAFETY HARBOR FL 34695

Name

Alan T. Johansen

Street Address (P.O. Box Number is Not Acceptable)

Terapex, Inc.

7800 Southland Blvd., Suite 250

City

Orlando

FL

Zip Code
32809

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]

Alan T. Johansen, CPA Controller

4/27/00

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, 2000 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 PDS ☐ Delete
NAME BARON, MICHEAL
STREET ADDRESS 7800 SOUTHLAND BLVD., SUITE 250
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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]

Michael Baron

4/27/00

407 517 1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)