

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004527

1. Entity Name

TECHNOPOINT INTERNATIONAL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90042 019 ***150.00

Principal Place of Business

Mailing Address

3420 FAIRLANE FARMS RD
 WELLINGTON FL 33414

3420 FAIRLANE FARMS RD
 WELLINGTON FL 33414-8751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1454288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 777 S. FLAGLER DR, SUITE 500E
 WEST PALM BEACH FL 33401

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, 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	CP	<input type="checkbox"/> Delete
NAME	VENTURELLI, FOSCO	
STREET ADDRESS	VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO	
CITY-ST-ZIP	VERONA 37057 ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASTALDIN, GAETANO	
STREET ADDRESS	VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO	
CITY-ST-ZIP	VERONA 37057 ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIESEPPE, MIGLIORINI	
STREET ADDRESS	VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO	
CITY-ST-ZIP	VERONA 37057 ITALY	
TITLE	T	<input type="checkbox"/> Delete
NAME	WESTFIELD, EDWARD	
STREET ADDRESS	12752 MEADOWBREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Venturelli, Fosco	
STREET ADDRESS	Via Monte Fiorino 9, San Giovanni Lupatoto	
CITY-ST-ZIP	Verona 37057 ITALY	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gastaldin, Gaetano	
STREET ADDRESS	Via Monte Fiorino 9, San Giovanni Lupatoto	
CITY-ST-ZIP	Verona 37057 ITALY	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Migliorin, Giuseppe	
STREET ADDRESS	Via Monte Fiorino 9, San Giovanni Lupatoto	
CITY-ST-ZIP	Veron 37057 ITALY	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Westfield, Edward	
STREET ADDRESS	12752 Meadowbreeze	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: 2/15/00 561-753-2250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #