FILED

## 2002 Uniform Business Report (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # F99000000694 1. Entity Name 4-03-2002 90004 024 \*\*\*150 DELRAY TECHNOLOGIES, INC. Principal Place of Business Mailing Address 110 E. ATLANTIO AVENUE 110 E. ATLANTIC AVENUE STE 329 STE 320 DELBAY BEACH FL 33444 DELRAY BEACH FL 33444 Uŝ US 2. Principal Place of Business 3. Mailing Address SOUTH FEDERAL HWY 955 SOUTH 85*5* FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 208 208 City & State Bot A City & State 4. FFI Number Applied For BOLARATON 65-0880995 FLORIDA RATON FLORIDA Not Applicable Zip Country Palm Boach \$8.75 Additional Palm Beach 5. Certificate of Status Desired 23421 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Change ☐ Addition TITLE DPC TITLE ☐ Delete NAME REDDY, VASU NAME CR2E034 18640 OCEAN MIST DR STREET ADDRESS 1555 H - SPRING HARBOR DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP BEACH FL 33445 ☐ Delete TITLE Change Addition TITLE NAME NAME REDDY, SEETA STREET ADDRESS 18640 OCEAN MIST DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Change Addition TITLE Delete TITLE DCCC NAME NAME abedon, richard jr STREET ADDRESS STREET ADDRESS 1015 SPANISH RIVER RD #204 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE DOTO Delete KUHAN, NAYIB NAME STREET ADDRESS 1000 CRYSTAL WAY APT #P STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-7IP ☐ Change TITLE D ☐ Defete TITLE Addition NIELS BALLEGAARD NAME NAME 10535 STONEBRIDGE BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PATON FLORIDA 33499 ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attac Manh 27,2002 S61-368-7748 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF