

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G98543**

1. Entity Name  
**TELMARK TECHNOLOGIES CORP.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90272 019 \*\*\*158.75

Principal Place of Business  
**12203 S.W. 132 CT.  
MIAMI FL 33116-7954**

Mailing Address  
**12203 S.W. 132 CT.  
MIAMI FL 33176-4059**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11825 S.W. 107 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11825 S.W. 107 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
Zip  
**33176**

Country  
**MIAMI-DADE**

City & State  
**MIAMI FL**  
Zip  
**33176**

Country  
**MIAMI-DADE**

4. FEI Number  
**59-2371897**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FURBER, WAYNE K.  
12203 S.W. 132 CT.  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11825 S.W. 107 AVE**  
City  
**MIAMI FL** Zip Code  
**33176**

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 **FURBER, WAYNE K.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/13/2000**  
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

TITLE  
**PD**  
NAME  
**FURBER, WAYNE K.**  
STREET ADDRESS  
**12203 SW 132 CT**  
CITY-ST-ZIP  
**MIAMI FL 33186**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**11825 S.W. 107 AVE  
MIAMI, FL. 33176**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **FURBER, WAYNE K.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/2000** **305-225-0770**  
Date Daytime Phone #