

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90241 007 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|---|---|
| DOCUMENT # K20147 | | | |
| 1. Entity Name INTERNATIONAL TECHNOLOGY MARKETING, CORPORATION | | | |
| Principal Place of Business 10055 NW 19TH ST MIAMI FL 33172 US | | Mailing Address 10055 NW 19TH ST MIAMI FL 33172 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BERNARD, WILLIAM P. 9853 SW 77TH PLACE MIAMI FL 33156 | | 4. FEI Number 65-0047966 <div style="float:right;">Applied For Not Applicable</div> | |
| 7. Name and Address of New Registered Agent <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">Name</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City FL Zip Code </div> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERNARD, WILLIAM P 9835 SW 77TH PLACE MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *William P. Bernard* **William P. Bernard** 04/29/02 305-594-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)