

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000069455**

1. Entity Name

TechniLight, L.L.C.

FILED

OCT -5 PM 12:17

Principal Place of Business

Mailing Address

**2449 Poinciana Ct,
Weston, FL 33327**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

8132 NW 67 St

2449 Poinciana Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

**Weston
Florida**

4. FEI Number

65-1029544

Applied For

Not Applicable

Zip

33166

Country

U.S.A

Zip

33327

Country

USA

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

Name

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

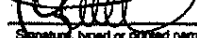
City

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, 2001 Fee will be \$350.00
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 **PRESIDENT** ☐ Delete
NAME **HUGO Camposano**
STREET ADDRESS **2449 Poinciana Ct**
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Change ☐ Addition
NAME **100004628771**
STREET ADDRESS **-10/09/01--01044--028**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE **V. President** ☐ Delete
NAME **Rayuela Carter**
STREET ADDRESS **2449 Poinciana Ct**
CITY-ST-ZIP **Weston FL 33327**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/00)