

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90007 026 \*\*\*\*55.00

**DOCUMENT # L01000018034**

1. Entity Name

**TECHINTEL, LLC**

Principal Place of Business

**700 DOCKVIEW WAY, SUITE #1116  
TAMPA FL 33602**

Mailing Address

**700 DOCKVIEW WAY, SUITE #1116  
TAMPA FL 33602**

2. Principal Place of Business

**2025 Brickell Avenue**

Suite, Apt. #, etc.

**Suite #604**

City & State

**Miami, FL**

Zip

**33129**

Country

**USA**

3. Mailing Address

**608 Rosa Court**

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

Zip

**33410**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3743544**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CANETTA, JOHN~~

~~2411 WEST HORATIO STREET #500~~

~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name

**PAUL DRNEVICH**

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

**608 Rosa Court**

City

**Palm Beach Gardens**

FL

Zip Code

**33410**

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

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

**Managing Director, TechIntel, LLC Paul Drnevich 2/18/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Director (MGRM)</b> <b>Paul Drnevich</b> <b>608 Rosa Ct.</b> <b>Palm Beach Gardens, FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Principal (MGA)</b> <b>Pedro Badillo</b> <b>2025 Brickell Avenue Suite #604</b> <b>Miami, FL 33129</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Principal (MGA)</b> <b>Darren EKizian</b> <b>700 Dockview way #1116</b> <b>Tampa, FL 33602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Paul Drnevich*  
**PAUL DRNEVICH**

**2/18/02 813.334.4000**

CR2E083 (9/01)