

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L40330**

1. Entity Name **TECH LAND, INC.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90045 042 \*\*\*150.00

Principal Place of Business  
**2938 NW 72 AVE.**  
**MIAMI, FLORIDA**  
**33122**

Mailing Address  
**16200 GOLF CLUB ROAD**  
**# 109**  
**WESTON, FL 33326**

2. Principal Place of Business  
**2938 NW 72 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**16200 GOLF CLUB ROAD**  
Suite, Apt. #, etc.  
**APT 109**

City & State  
**MIAMI, FLORIDA**

City & State  
**WESTON, FLORIDA**

Zip  
**33122**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

4. FEI Number  
**65-0165728**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**URREA A. CARLOS**  
**16200 GOLF CLUB ROAD**  
**# 109**  
**WESTON, FL 33326**

## 7. Name and Address of New Registered Agent

Name  
**ADRIANA LUNA BECERRA**

Street Address (P.O. Box Number is Not Acceptable)  
**1425 ARTHUR STREET**  
**# 104**

City  
**HOLLYWOOD**

FL

Zip Code  
**33020**

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 **Carlos A. Urra** **President** **3-27-00**  
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. ☐

**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  
**PRESIDENT** ☐ Delete

NAME  
**CARLOS A. URREA**

STREET ADDRESS  
**16200 GOLF CLUB ROAD #109**

CITY-ST-ZIP  
**WESTON, FLORIDA 33326**

TITLE  
**OFFICER** ☒ Delete

NAME  
**JAIME CAICEDO**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**OFFICER** ☐ Change ☒ Addition

NAME  
**ADRIANA LUNA BECERRA**

STREET ADDRESS  
**1425 ARTHUR STREET APT 104**

CITY-ST-ZIP  
**HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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: **ADRIANA L BECERRA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-00** **305 468-1051**  
Date Daytime Phone #