

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97760 **AMENDED UNIFORM BUSINESS REPORT**

1. Entity Name

ORLANDO TECHCENTER, INC.

FILED
 00 JUL 26 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 250 Australian Ave. So. 250 Australian Ave. So.
 Suite 500 Suite 500
 West Palm Beach, FL 33401 West Palm Beach, FL 33401
 U.S. U.S.

2. Principal Place of Business 3. Mailing Address
 1350 E. Newport Center Dr. 1350 E. Newport Center Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 206 Suite 206

City & State City & State
 Deerfield Beach, FL Deerfield Beach, FL

Zip Country Zip Country
 33442 Palm Beach 33442 Palm Beach

4. FEI Number Applied For
 65-0215603 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

7. Name and Address of New Registered Agent

Corporation Company of Miami
 1500 Edward Ball Bldg.
 100 Chopin Plaza
 Miami, FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	Reibling, Lorenz	
STREET ADDRESS	1350 E. Newport Center Dr. Ste. 206	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	P	<input type="checkbox"/> Delete
NAME	Ackermans, Gerhard	
STREET ADDRESS	c/o 250 Australian Ave. So. Ste. 500	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	Voelkel, Markus	
STREET ADDRESS	c/o-250 Australian Ave. So. Ste. 500	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Reibling, Guenther	
STREET ADDRESS	1350 E. Newport Center Dr. Ste. 206	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Kassof, Linda G.	
STREET ADDRESS	1350 E. Newport Center Dr. Ste. 206	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003358094--1	
CITY-ST-ZIP	-08/15/00--01070--020	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Voelkel, Markus	
STREET ADDRESS	c/o. 250 Australian Ave. So. Ste. 500	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda Kassof

Linda G. Kassof

954 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)