

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99/6070

1. Entity Name

Forensic Technology Group, LLC

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

500 S. Federal Hwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33316

US

4. FEI Number

05-049983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

Soneet R. Kapila

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

1000 S. Federal Hwy.

Suite 104

City

Fort Lauderdale

FL

Zip Code

33316

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

Soneet R. Kapila

5/9/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Wayne K. Jahn
3610 Yacht Club Drive #1212
Aventura, FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003285335-5
-06/12/00-01113-021
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, Treasurer
Soneet R. Kapila
3078 Old Still Lane
Weston, FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Soneet R. Kapila 5/15/2000 937-761-1111

CR25083 (1/1/00)