2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 1. Entity Name: M60067 FILED CORPORATE TECHNOLOGIES, INC. 00 NOV 30 PM 12: 15 Principal Place of Business Mailing Address SECRETARY OF STATE 450 S.W. 89th CT. TALLAHASSEE FLORIDA **MIAMI, FL 33174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0011215 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYMOND A. HERNANDEZ 450 S.W. 89th CT. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33174 City Zip Code 8. The above named entity submits this statement for the purpe of phanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intengible PRISE KONVIN FEERS & BOOD 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Alter MAY I: 2000 Fee will be \$550.00 to Check Payable to Department of Sta Trust Fund Contribution. (See criteria on back) Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete 70000349622 RAYMOND A. HERNANDEZ NAME NAME 450 S.W. 89th CT. STREET ADDRESS -12/12/00--01005--017 STREET ADDRESS MIAMI, FL 33174 CITY-ST-7IP CITY-ST-7IP ****150.00 ****150.00 TITLE ☐ Delete TITLE ☐ Addition VAME NAME STREET ADDRESS STREET ADDRESS JITY-ST-7P CITY-ST-ZIP ME Delete TITLE ☐ Change Addition IAME NAME TREET ADDRESS STREET ADDRESS :ITY-ST-ZIP CITY-ST-ZIP ITLE Delete TITLE ☐ Change Addition LAARE NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP m.e Delete TITLE Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CHY-ST-ZIP .TLE ☐ Delete ☐ Change ☐ Addition ME NAME FREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 3. I hereby certify that the information supplied with this filling 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 suppliemental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if **IGNATURE:**

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CORPORATE TECHNOLOGIES, INC. DOC.# M60067

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

PRESIDATE

XMOND A. HERNANDEZ

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