2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 09, 2003 8:00 am Secretary of State DOCUMENT # **N98000003598** 1. Entity Name 05-09-2003 90145 006 ****70.00 TECH TOTS INC. Principal Place of Business Mailing Address 17051 SOUTH DIXIE HWY 17051 SOUTH DIXIE HWY MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address 1705) S. DIXIE HWY. MIAMIFL 38157 17051 S. DIXIE HWY. MIAMIFL 38157 M CHECK HERE IF MAKING CHANGES City & State MIAm I 4. FEI Number 65-0938842 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent YAP, ATHELA V Street Address (P.O. Box Number is Not Acceptable) 11960 S.W. 186TH ST. **MIAMI FL 33177** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 *.*0. 11. Thange TITLE ☐ Delete TITLE ☐ Addition YAP, ATHELA V NAME NAME 11960 SW1865T 11960 SW 180TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33177-3273 CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE YAP HIRAM W EBANKS, GERMAINE M NAME NAME 11960 SW 1865T. STREET ADDRESS 11521 SW 148 PATH STREET ADDRESS MIAMI, FL 33177-3213 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196-4313 TITLE ☐ Delete TITLE ☐ Change ☐ Addition EBANKS, MORRIS E NAME. STREET ADDRESS 15847 SW 143 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition SHERNETT EBANKS 15847SW 143 PLACE MIAMI, FL 33179 HARRIS, PETER NAME NAME STREET ADDRESS 20810 CORAL C DR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33196** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition EBANKS, SONIA NAME NAME STREET ADDRESS 11521 SW 148 PATH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196-4313 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

305-2519116