

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90230 043 ***150.00

DOCUMENT # P00000007620

1. Entity Name
BUILDING TECHNOLOGY, INC.



Principal Place of Business
**6900 TAFT STREET
HOLLYWOOD, FL 33024**

Mailing Address
**5418 OAK CANOPY WAY
FT LAUDERDALE, FL 33312**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0980701** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ZEKOFSKY, MARC
5418 OAK CANOPY WAY
FT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marc Zekofsky* **MARC ZEKOFSKY Pres.** **5/14/03**
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW WITH FEE OF \$350.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ZEKOFSKY, MARC 15884 SW 61 CT DAVIE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST GOLDSTEIN, PAUL 5418 OAK CANOPY WAY FORT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marc Zekofsky* **MARC ZEKOFSKY** **5/13/03** **9544446527**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)