

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

04-05-2001 90039 041 ***150.00

DOCUMENT # P00000021159

1. Entity Name

TECHNOLOGY INVESTORS, INC.

Principal Place of Business

6601 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487

Mailing Address

6601 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NONE
TIME 65-0988349

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALISON W.
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name *Kenneth J. Schwartz*
 Street Address (P.O. Box Number is Not Acceptable) *6601 Park of Commerce Blvd*
 City *Boca Raton* FL *33487*

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

Kenneth J. Schwartz

(NOTE: Agent signature required when releasing)

DATE *3/14/01*

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, 2001 Fee will be \$350.00
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 *IN DIRECT*

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>HANK ASHER PRES</i> <i>PO BOX 811660</i> <i>BOCA RATON, FL 33487-1660</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>KAREN KLINE, Secy</i> <i>403 ELSINT, INC</i> <i>6601 PARK OF COMMERCE BLVD</i> <i>BOCA RATON, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP TREASURER</i> <i>BILL TOPP</i> <i>403 ELSINT, INC</i> <i>6601 PARK OF COMMERCE BLVD</i> <i>BOCA RATON, FL 33487</i>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

Karen J. Kline

Secy

DATE *3/27/01*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Deliver Phone #