

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 043 ***150.00

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DOCUMENT # P00000022217

1. Entity Name

TECHNOSTONE INC.



Principal Place of Business
10295 COLLINS AVE.
#1022-N
BAL HARBOUR FL 33154

Mailing Address
10295 COLLINS AVE.
#1022-N
BAL HARBOUR FL 33154

2. Principal Place of Business
3545 N.E. 167 St.

Suite, Apt. #, etc.
suite 501

City & State
North Miami Beach, FL

Zip
33160-3566

Country

3. Mailing Address
3545 N.E. 167 St.

Suite, Apt. #, etc.
Suite 501

City & State
North Miami Beach, FL

Zip
33160-3566

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0987535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

• ROVELLI, SERGIO
10295 COLLINS AVE.
#1022-N
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name **ROVELLI SERGIO**
Street Address (P.O. Box Number is Not Acceptable)
3545 N.E. 167 St.
Suite 501
City **North Miami Beach** **FL** Zip Code **33160-3566**

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 **Sergio Rovelli** (President)

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

(NOTE: Registered Agent Signature required when reinstating)

02-24-2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PD** ☐ Delete
NAME **ROVELLI, SERGIO**
STREET ADDRESS **10295 COLLINS AVE. #1022-N**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Sergio Rovelli**
STREET ADDRESS **3545 N.E. 167 St. # 501**
CITY-ST-ZIP **North Miami Beach, FL 33160-3566**

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

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

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

SIGNATURE:

Sergio Rovelli (President)

02-24-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

(786) 428-5000
(305) 867-4393
(305) 867-4393