## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 19, 2001 8:00 am Secretary of State

DOCUMENT # P000 000-3:0 2 2 7  1. Entity Name						Secretary of State 05-12-2001 90006 012 ***150.00		
REG	SA LIA	TECHNOLOG	IES	(M)	! ' '			
Principal Place of Business Mailing Address								
19350 SPRING TREE LANE								
BOLA	PLATO	N, FZ. 3348	7.			A 6	3992	
2. Principal Place of Business			3. Mailing Address			4.0	5902	
3325 Jaywood TERRACE Suite, Apt. #, etc. J-208		3325 TAY NOON TERRACE Suite, Apt. #, etc.  J-20V		ICE	DO NOT WRITE IN THIS SPACE			
City & Sta			City & State	<del></del>	4.	FEI Number	A	pplied For
1300	A KATE		BOLA KATO			65-1004993		ot Applicable
Zip 334	31	Country 4.	33437	U-S-A.		Certificate of Status Desired	\$8.75 Ad Fee Require	
<del></del>	6. Name	and Address of Current R	egistered Agent	Name		Name and Address of New Registered	d Agent	<del>-</del>
· · ·		ERTO MOR	•		Idress (P.O. I	Box Number is Not Acceptable)		
3	325	TAY WOOD TER	RACE APT. J-	208				
BOCA RATON, FI. 33431				City		FL Zip Code		
8 The above	e named entit	v submits this statement for t	he nurnose of changing its r	enistered office or	renistered at	gent, or both, in the State of Florida.	<u> </u>	<del></del>
o. The above	e named com		ne purpose or changing its r	egistered onice or i	ediataleo ef	gent, or boun, in the state or i fortula.	/	ŀ
SIGNATURE		11/10				06/11	0/	
	Signature, typed	or printed name of replaced agent and						
			T	Registered Agent segnatur		reinstating) DATE		
Tax filing (	requirement a	ible to satisfy its Intangible and elects to do so.	FILE NOW!!	i. FEE IS \$150.0 1 Fee will be \$5	0	10. Election Campaign Financing		May Be
Tax filling ( See crite	_	and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payable	I. FEE IS \$150.0 1 Fee will be \$5: e to Department	0 50.00 of State	10. Election Campaign Financing Trust Fund Contribution.	Adder	d to Fees
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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 em 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:

MATURE AND TYPED OR POWER DI NAME OF SICHANDA OFFICIER OR DISPETOR

4/23/0

561-297-2337