FILED

(305)898-1807

24 APR. 2001

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## May 03, 2001 8:00 am DOCUMENT # P0000032936 Secretary of State TEKA INTERNATIONAL, INC. 05-03-2001 91110 019 \*\*\*158.75 Principal Place of Business Mailing Address 8020 N.W. 68 STREET 8020 N.W. 68 STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 8306 MILLS DRIVE 6993 NW BZ AYE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEL Number 650995480 City & State Applied For MIAMI MINMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 乄 ムとひ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN-LEE AVRITT **DENNIS, TAMMY KAYE** O. Box Number is Not Acceptable) 8020 N.W. 68 STREET MIAMI FL 33166 City ПP 8. The above named entity submits this statement by the purpose of changing its registered office or registered agent, or both, in the State of Florida 24 APR 2001 STEPHEN L. AVRITT Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) PTS M Change TITLE STEPHEN USE AVRITT **DENNIS, TAMMY KAYE** NAME 15640 50 106 W. APT. 901 8020 N.W. 68 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP MIAMI, FL. 33196 CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE LEE AVRITT, STEPHEN NAME NAME 8020 N.W. 68 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** Delete.\_ Change . ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

STEPHEN L. AVRITT

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO