

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90271 020 ***550.00

DOCUMENT # P00000033782

1. Entity Name
LINCE TECHNOLOGY INC.

Principal Place of Business **Mailing Address**
~~5771 WASHINGTON STREET, SUITE H-2~~ ~~5771 WASHINGTON STREET, SUITE H-2~~
~~HOLLYWOOD FL 33023~~ ~~HOLLYWOOD FL 33023~~

2. Principal Place of Business **3. Mailing Address**
5421 NW 74 Ave **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Miami FL **SAME**
Zip **Country** **Zip** **Country**
33166

4. FEI Number **Applied For**
65-0999854 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
ALBUQUERQUE, SERGIO F **Name**
~~5771 WASHINGTON STREET, SUITE H-2~~ **SAME**
~~HOLLYWOOD FL 33023~~ **Street Address (P.O. Box Number is Not Acceptable)**
5421 NW 74 Ave
City **FL** **Zip Code**
Miami **33166**

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 **Sergio F. Albuquerque** **8/30/01**
 Signature, typed or printed name of registered agent and title if applicable. (If registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
 (See criteria on back) **After September 12, 2001 Fee will be \$750.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBUQUERQUE, SERGIO F 5771 WASHINGTON STREET, SUITE H-2 HOLLYWOOD FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5421 NW 74 Ave MIA FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBUQUERQUE, DINAIR C 5771 WASHINGTON STREET, SUITE H-2 HOLLYWOOD FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5421 NW 74 Ave MIA FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sergio Albuquerque - Pres.** **8/30/01 (305) 887-0200**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #