

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90147 023 \*\*\*158.75

DOCUMENT # P00000046724

1. Entity Name  
**TECNOVIDA, INC.**

Principal Place of Business

**1865 BRICKELL AVENUE  
APT. A512  
MIAMI FL 33129**

Mailing Address

**1865 BRICKELL AVENUE  
APT. A512  
MIAMI FL 33129**

**739928**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1925 Brickell Ave.**

3. Mailing Address

**1925 Brickell Ave.**

Suite, Apt. #, etc.

**D-TH18**

Suite, Apt. #, etc.

**D-TH18**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1034016**

Applied For

Not Applicable

Zip

**33129**

Country

**USA**

Zip

**33129**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLLA, MARIO H  
1865 BRICKELL AVE.  
APT. A512  
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

**CLAUDIA V. ALVAREZ**

Street Address (P.O. Box Number is Not Acceptable)

**1925 BRICKELL AVE**

**D-TH18**

City

**MIAMI**

FL

Zip Code

**33129**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**MARCH 28, 2001**

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 \$550.00  
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

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>COLLA, MARIO H</b>	
STREET ADDRESS	<b>1865 BRICKELL AVE., APT. A512</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COLLA, MARIO H</b>	
STREET ADDRESS	<b>1865 BRICKELL AVE., APT. A512</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUDIA V. ALVAREZ</b>	
STREET ADDRESS	<b>1925 BRICKELL AVE D-TH18</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUDIA V. ALVAREZ</b>	
STREET ADDRESS	<b>1925 BRICKELL AVE D-TH18</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33129</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARCH 25/2001 305-856-0493**

CR2E034 (10/00)