2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90115 045 ***150.00

100194U6

DOCUMENT # P00000048317

1. Entity Name
TECHNOLOGY CENTER OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE SUITE 900 MIAMI, FL 33133	2601 S. BAYSHORE DRIVE SUITE 900 MIAMI, FL 33133

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **65-1013082** ☐ Applied For ☐ 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
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	Name: ROBERT D. SICHTA Street Address (P.O. Box Number is Not Acceptable): 2601 SOUTH BAYSHORE Dr, 9TH FLOOR City: MIAMI FL Zip Code: 33133

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: ROBERT D. SICHTA 3-25-03
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS FINNARD, ROBERT 2601 S. BAYSHORE DR., 9TH FL MIAMI, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BRIAN K. GOOKIN 2601 SOUTH BAYSHORE Dr, 9TH FLOOR MIAMI, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, MANUEL D 2601 S. BAYSHORE DRIVE SUITE 900 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS SAMUEL D. SCHULMAN 2601 SOUTH BAYSHORE Dr, SUITE 900 MIAMI, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOLWORTH, ERIC S 601 BISCAYNE BLVD. MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROBERT D. SICHTA 2601 SOUTH BAYSHORE Dr, 9TH FLOOR MIAMI, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, MICHAEL 2601 S. BAYSHORE DRIVE SUITE 900 MIAMI, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: ROBERT D. SICHTA, ASST SECRETARY 3-25-03 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #