

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90476 014 ***150.00

0153048

DOCUMENT # P00000057533

1. Entity Name
TECHMIA, INC.

Principal Place of Business
300 BISCAYNE BLVD. WAY. SUITE #377
MIAMI FL 33131

Mailing Address
300 BISCAYNE BLVD. WAY. SUITE #377
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 BISCAYNE BLVD WAY
 Suite, Apt. #, etc.
SUITE 619

3. Mailing Address
300 BISCAYNE BLVD WAY
 Suite, Apt. #, etc.
SUITE 619

City & State
MIAMI / FL

City & State
MIAMI / FL

4. FEI Number
65-1017635

Applied For
 Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

SANTIAGO RODRIGUES , ANA PAULA
5780 ROCK ISLAND ROAD, APT. #377
TAMARAC FL 33319

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO RODRIGUES , ANA PAULA 5780 ROCK ISLAND ROAD APT. #377 TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 07 2001 / **305 374 2288**
Date Daytime Phone #

CR2E034 (10/00)