

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096770

1. Entity Name

TECHNICAL DEVELOPMENT CORPORATION

Principal Place of Business

2637 E ATLANTIC BLVD. STE 202  
POMPANO BEACH FL 33062

Mailing Address

2637 E ATLANTIC BLVD. STE 202  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

P.O. Box 10358

Suite, Apt. #, etc.  
POMPANO BEACH

City & State

FL.

Zip  
33061

Country  
U.S.A.

4. FEI Number

65-1047066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND  
721 SE 17TH ST  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name  
ANDRE PRINCE

Street Address (P.O. Box Number is Not Acceptable)  
2637 E. ATLANTIC BLVD.  
SUITE 202

City  
POMPANO Bch.

FL

Zip Code  
33062

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

*Andre Prince*

ANDRE PRINCE PRES.

4-13-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRINCE, ANDRE 4717 BANYAN LN TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOET, WALTER G 4717 BANYAN LN 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2637 E. ATLANTIC BLVD. SUITE 202 Pomp. Bch FL 33062
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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

4-13-01

Date

954-783-0602

Daytime Phone #

CR2E034 (10/00)

0124524



DO NOT WRITE IN THIS SPACE