**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PE

## Apr 26, 2002 8:00 am Secretary of State DOCUMENT # P00000098261 1. Entity Name 04-26-2002 90023 002 \*\*\*150 00 INTOTECH INTERNATIONAL TRADING, INC. Principal:Place of Business = \_-\_-Mailing Address 7 PLEASANT PLACE 7 PLEASANT PLACE CAPE TOWN TOKAL CAPE TOWN TOKAL WESTERN CAPE. SOUTH AFRICA 7945 WESTERN CAPE. SOUTH AFRICA 7945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOPSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 7300 W CAMINO REAL #126 **BOCA RATON FL 33433** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition GRIFFINS, W F NAME. NAME STREET ADDRESS 7 PLEASANT PLACE TOKAL STREET ADDRESS CITY-ST-ZIP CAPE TOWN, SOUTH AFRICA 7945 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TÎTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expendence 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 to the proposed of the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the receiver or trustee expendence to the corporation of the corporation of the receiver or trustee expendence to the corporation of the corpora