

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000103382**

1. Entity Name  
TECHNIQUES, INC.

FILED

Apr 30, 2001 08:00 AM  
Secretary of State

Principal Place of Business

6364 WINFIELD BOULEVARD

Mailing Address

6364 WINFIELD BOULEVARD

MARGATE  
33063

FL

MARGATE  
33063

FL

2. Principal Place of Business

6364 WINFIELD BOULEVARD

3. Mailing Address

6364 WINFIELD BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE

FL

City & State

MARGATE

FL

Zip  
33063

Country  
US

Zip  
33063

Country  
US

4. FEI Number

**65-105344**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

7. Name and Address of New Registered Agent

Name

**DELISSER DAMIAN P**

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

6364 WINFIELD BLVD.

CORAL GABLES

FL

33134

US

City

MARGATE

FL

Zip Code  
33063

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 **DAMIAN P. DELISSER**

04/30/2001

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 PSTD  
NAME DELISSER DAMIAN P  
STREET ADDRESS 6364 WINFIELD BOULEVARD  
CITY-ST-ZIP MARGATE FL 33063

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 807, 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: **Damian P. deLisser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)