

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000106681

1. Entity Name

Technical Associates, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1363 COTTONWOOD CIR

Suite, Apt. #, etc.

3. Mailing Address

1363 COTTONWOOD CIR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL

City & State

WESTON

4. FEI Number

65-1055299

Applied For

Not Applicable

Zip

33326

Country

U.S.A

Zip

33326

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS LUNA

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

1363 COTTONWOOD CIR

City

WESTON

FL

Zip Code

33326

**DO NOT WRITE  
IN THIS SPACE**

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]  
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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT  
NAME CARLOS LUNA  
STREET ADDRESS 1363 COTTONWOOD CIR  
CITY-ST-ZIP WESTON FL 33326

TITLE SECRETARY  
NAME MARIA RAFFO  
STREET ADDRESS 1363 COTTONWOOD CIR  
CITY-ST-ZIP WESTON FL 33326

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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