

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107270

1. Entity Name  
TEICON, INC.

Principal Place of Business  
15315 S W 106TH TERRACE, #406  
MIAMI FL 33196

Mailing Address  
15315 S W 106TH TERRACE, #406  
MIAMI FL 33196

2. Principal Place of Business  
15315 SW 106TH TERR. #406

3. Mailing Address  
15315 SW 106TH TERR. #406

Suite, Apt. #, etc.  
#406

Suite, Apt. #, etc.  
#406

City & State  
Miami - Florida

City & State  
Miami - Florida

Zip  
33196

Country  
USA

Zip  
33196

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRADAS, JUAN C  
15315 S W 106TH TERRACE, #406  
MIAMI FL 33196

Name  
BARRADAS, JUAN CARLOS  
Street Address (P.O. Box Number is Not Acceptable)  
15315 SW 106TH TERRACE, #406  
City  
Miami FL Zip Code  
33196

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  BARRADAS, JUAN CARLOS

Signature, type and print 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  
D  
BARRADAS, JUAN C  
15315 S W 106TH TERRACE, #406  
MIAMI FL 33196 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 EXACT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-01

Date

305-3870238

Daytime Phone #

FILED  
May 30, 2001 8:00 am  
Secretary of State

04-25-2001 90179 014 \*\*\*158.75

05-30-2001 90029 047 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)