

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90190 002 \*\*\*150.00

**DOCUMENT #** P01000034042

1. Entity Name

TECHNOMAQ, INC



**DO NOT WRITE IN THIS SPACE**

90089347

2. Principal Place of Business  
8996 NW 105 WAY

Suite, Apt. #, etc.

3. Mailing Address  
8996 NW 105 WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MEDLEY, FL

City & State  
MEDLEY, FL

4. FEI Number 65-1091085

Applied For  
Not Applicable

Zip  
33178

Country

Zip  
33178

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **SPIEGEL & UTRERA, P.A.**

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

**343 ALMEIRA AVENUE**

City **CORAL GABLES,**

**FL**

Zip Code  
**33134**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Electric Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**PSTD  
ESQUEDA, LUIS G  
6620 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

LUIS G. ESQUEDA

03/10/03

(786)393-4776

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #