

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 046 ***150.00

DOCUMENT # P010000030040
1. Entity Name
TECHNOVATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4158 NW 132 STREET
Suite, Apt. #, etc.
City & State
OPA LOCKA - FL
Zip
33054 Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1091499 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name
CARLOS PINERES
Street Address (P.O. Box Number is Not Acceptable)
3601 NE 207th ST. #1112
City MIAMI State FL Zip Code 33180

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] DATE 4-10-02
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>CARLOS PINERES</u> <u>3601 NE 207th ST. #1112</u> <u>MIAMI, FL 33180</u>
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE 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 or other like empowered.

SIGNATURE: [Signature] DATE 4-10-02 DAYTIME PHONE # 305-887-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)