2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000059376 **DOCUMENT #**

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90939 018 ***150.00

TECNOL	LOGIA AV	ANZADA, CORPO	ORATIO	V							
Principal Place of Business 2699 COLLINS AVE SUITE 111 MIAMI BEACH FL 33140 US			269 SUI	Mailing Address 2699 COLLINS AVE SUITE 111 MIAMI BEACH FL 33140 US							
2. Principal Place of Business			3. M	3. Mailing Address				APRI 1801: 6011 8011 9811 9811 9			
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			Cit	y & State			4. FEI Number 80-0023051			Applied For	
Zip		Country	Ziŗ	,	Country		5. Certificate of Sta		\$8.75 / Fee Requ		e
	6. Name	and Address of Curre	nt Register	ed Agent			7 Name and Addr	ess of New Register		nrea	_
					Nam	e	SALIVANIE BIJO AUGI	sas of New Register	ea Agent		\dashv
GODOY.	PEDRO P					<u>-</u>		•			
	LLINS AVE				Stree	t Address (P	O. Box Number is N	ot Acceptable)	-		
MIAMI BEACH FL 33140									Zip Co		4
The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent.					City egistered office	or registere	d agent, or both, in th	ne State of Florida. 1 a			\dashv
SIGNATURE	<u>.</u>	-, V									
1	Signature, typed c	r printed name of registered age	nt and title if app	olicable. (NOTE:	Registered Agent sig	nature required w	hen reinstating)	DAT	E		1
Afte	r May 1, 200:	FEE IS \$150.00 Fee will be \$550.00 Florida Department) of State					Campaign Financing d Contribution.	\$5.	.00 May Be ed to Fees	
10.		OFFICERS ANI	D DIRECTO	RS	11.		ADDITIONS/CHAN	GES TO OFFICERS A	ND DIDEOTO	DD (4) ()	4
TITLE NAME STREET ADDRESS	D GODOY, PI 2699 COLL		,	☐ Delete	TITLE NAME	DRAL		HEZ ENSAVE EACH, I		-7	
CITY-ST-ZIP	MIAMI BEA	CH FL 33140			STREET ADDRESS CITY-ST-ZIP	107	ANT O	END HE	-, -,	11/0	
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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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP