FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -6 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068201

1. Entity Name
Technology Billing, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13499 Biscayne Blvd.
Suite, Apt. #, etc.
Suite # 205
City & State
North Miami - FL
Zip
33181
Country
US

3. Mailing Address
(Same)
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1125051
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Sandra Leyes
Street Address (P.O. Box Number is Not Acceptable)
13499 Biscayne Blvd. Suite #205
City
Miami
FL
Zip Code
33181

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 ______ 06-03-02
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	P
NAME	Sandra Leyes
STREET ADDRESS	13499 Biscayne Blvd. Suite #205
CITY-ST-ZIP	Miami - FL - 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: ______ 06-03-02 9am-5pm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TECHNOLOGY BILLING, INC.

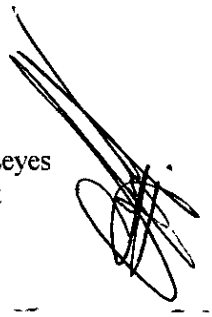
June 3, 2002

Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We respectfully ask to the Division of Corporations to wave the reinstatement and late filling fee for the above Corporation do to the fact that for the year 2002, we have not received the notice of renewal. This fore, we completely overlook such filling. Please do not interpret such argument as an excuse, if not as a factual statement.
Please fin attached the check for the year 2002. If an additional fee is required please do not hesitate to let us know.

Sincerely,



Sandra Leyes
President

13499 BISCAYNE BLVD. SUITE # 205 – NORTH MIAMI – FLORIDA – 33181
Ph.: (305) 949-8989