## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000069164

Entity Name: U.S. TECHNOLOGY CORPORATION

FILED Jan 11, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3542 N UNIVERSITY DR 10269 NW 46 ST CORAL SPRINGS, FL 33065 SUNRISE, FL 3351 **Current Mailing Address: New Mailing Address:** 3542 N UNIVERSITY DR CORAL SPRINGS, FL 33065 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORT, SMADAR 3542 N UNIVERSITY DR CORAL SPRINGS, FL 33065 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition AMICHAY, ZELCER Name: Name: 10341 NW 10 CT. Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33322 ( ) Delete Title: Title: S.VP ( ) Change (X) Addition Name: Name: EHUD. MENDELSON 8020 CLEARY BLVD. APT.204 Address: Address: SUNRISE, FL 33324 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: SVP ( ) Change (X) Addition SHALOM, OFFIR Name: Name: 2435 NW 137 AVE. Address Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33323 Title: **DPTS** ( ) Delete Title: STP (X) Change ( ) Addition SMADAR, MORT SMADAR, MORT Name: Name: Address: 3542 N UNIVERSITY DR Address: 3542 N. UNIVERSITY DR. City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHALOM OFFIR S.VP 01/11/2002