

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90154 024 ***150.00

DOCUMENT # P01000079783

1. Entity Name
TECHNICAL RESOURCE EXCHANGE, CORP.

Principal Place of Business
6619 SOUTH DIXIE HWY #356
MIAMI FL 33143

Mailing Address
6619 SOUTH DIXIE HWY #356
MIAMI FL 33143

2. Principal Place of Business
9868 SANDAL FOOT BLVD
 Suite, Apt. #, etc.
221

3. Mailing Address
9868 SANDAL FOOT BLVD
 Suite, Apt. #, etc.
221

City & State
~~BOCA RATON, FL~~
 Zip
Palm Beach

City & State
~~BOCA RATON, FL~~
 Zip
33428

4. FEI Number
68-0407680 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALBA, DANIEL
21515 HALSTEAD DRIVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
 Name
SAME AS #6
 Street Address (P.O. Box Number is Not Acceptable)
HQS NOT CHANGED
 City **FL** Zip Code

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 4-19-2002
Signature typed or printed name of registered agent and title if 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	ALBA, DANIEL
STREET ADDRESS	21545 HALSTEAD DRIVE
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> Delete
NAME	MARTINEZ, WILFRED
STREET ADDRESS	5000 SW 127TH PLACE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4-19-2002 DAYTIME PHONE # 561 289 8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)