

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91560 022 ***150.00

DOCUMENT # **P01000092302**

1. Entity Name **BEYOND TECHNOLOGY P.C. Corp.** (Fa)
~~MO-LEMAN CONSULTING CORP.~~

NIC (AM) L

Principal Place of Business

**285 NW 199 ST 204
 MIAMI FL 33169**

Mailing Address

**285 NW 199 ST 204
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

GELBER & COMPANY

**11450 Interchange Circle North
 Miramar, Florida 33025**

Zip

Country

Suite, Apt. #, etc.

GELBER & COMPANY

**11450 Interchange Circle North
 Miramar, Florida 33025**

Zip

Country

4. FEI Number

65-1137905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCLEMAN, KEVIN
 285 NW 199 ST 204
 MIAMI FL 33169**

c/o

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

GELBER & COMPANY

11450 Interchange Circle North

City

Miramar, Florida 33025

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, 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) ☐

**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 **President**
 NAME **Kevin Mc Leman**
 STREET ADDRESS **GELBER & COMPANY**
 CITY-ST-ZIP **11450 Interchange Circle North
 Miramar, Florida 33025**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

press. 4/17/02 954-435-4222

Date

Daytime Phone #

CR2E034 (9/01)