## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000116002

MIAMI, FL 33172

City-St-Zip:

Entity Name: TECH SOLUTIONS NETWORK, INC.

Apr 30, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2116 NW 107 AVENUE MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 2116 NW 107 AVENUE MIAMI, FL 33172 FEI Number: 65-1158586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDREWS, ANDRE 2116 NW 107 AVENUE MIAMI, FL 33172 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 () Change () Addition ANDREWS, ANDRE Name: Name: 2116 NW 107 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: DVS Title: () Change () Addition () Delete Name: ANDREWS, CAROL Name: 2116 NW 107 AVENUE Address: Address:

City-St-Zip:

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: ANDRE ANDREWS DPT 04/30/2002