

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 009 ***150.00

DOCUMENT # P02000044527

1. Entity Name
TECHNOCOM INTERNATIONAL, INC.



Principal Place of Business
**8180 NW 36 ST #408
MIAMI FL 33166**

Mailing Address
**8180 NW 36 ST #408
MIAMI FL 33166**

2. Principal Place of Business

749 Nandino Dr
Suite, Apt. #, etc.

3. Mailing Address

749 Nandino Dr
Suite, Apt. #, etc.

City & State
Weston FL

City & State
Weston FL

4. FEI Number
41-2038554

Applied For
Not Applicable

Zip
33327

Country

Zip
33327

Country

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

6. Name and Address of Current Registered Agent

**PRIETO, MERCEDES V
8180 NW 36 ST #408
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Mercedes O. Prieto**
Street Address (P.O. Box Number is Not Acceptable)
749 Nandino Dr
Weston
City **FL** Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD PRIETO, MERCEDES V	<input type="checkbox"/> Delete
STREET ADDRESS	8180 NW 36 ST #408	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	749 Nandino Dr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Weston FL 33327	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-25-03 9543856735

CR2E034 (10/02)