

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90306 048 ***150.00

DOCUMENT # P02000074556

1. Entity Name
TEKMIND, INC.



Principal Place of Business
**8603 NW 54TH ST
MIAMI FL 33166**

Mailing Address
**8603 NW 54TH ST
MIAMI FL 33166**

90012702



2. Principal Place of Business

7120 NW 179th ST

3. Mailing Address

7120 NW 179th ST

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

MIAMI FL

City & State

MIAMI FL

Zip

330185

Country

Dade

Zip

330185

Country

Dade

4. FEI Number

02-0630386

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBITAILLE, TIMOTHY

**8603 NW 54TH ST
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

7120 NW 179th Street, #101

City

MIAMI

FL

Zip Code

330185

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

Tim Robitaille
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/25/03
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 **PST** ☐ Delete
NAME **ROBITAILLE, TIMOTHY**
STREET ADDRESS **8603 NW 54TH ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☐ Delete
NAME **ROBITAILLE, TY**
STREET ADDRESS **8603 NW 54TH ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☒ Addition
NAME **Robitaille Timothy**
STREET ADDRESS **7120 NW 179th Street, Suite 101**
CITY-ST-ZIP **MIAMI, FL 330185**

TITLE **VP** ☐ Change ☒ Addition
NAME **Robitaille, Ty**
STREET ADDRESS **7120 NW 179th Street, Suite 101**
CITY-ST-ZIP **MIAMI, FL 330185**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Tim Robitaille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/03 **305-819-1099**
Date Daytime Phone #

CR2E034 (10/02)