

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91093 003 ***150.00

DOCUMENT # P02000098326

1. Entity Name
TECHNOLOGY MASTERS CORPORATION



Principal Place of Business
**5125 NW 42 AVE
COCONUT CREEK FL 33073**

Mailing Address
**5125 NW 42 AVE
COCONUT CREEK FL 33073**

2. Principal Place of Business
1135 YELLOWHEART WAY

3. Mailing Address
1135 YELLOWHEART WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
11-3652141

Applied For
Not Applicable

Zip
33019

Country

Zip
33019

Country

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **JOSE ESCUDER**

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

1135 YELLOWHEART WAY

City **HOLLYWOOD**

FL

Zip Code
33019

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 *Jose L. Escuder*
Signature, typed or printed name of registered agent and title if applicable.

JOSE L. ESCUDER, PRESIDENT

3/12/2003

(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 **D** ☐ Delete
NAME **ESCUDER, JOSE**
STREET ADDRESS **5125 NW 42 AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 **D** ☒ Change ☐ Addition
NAME **ESCUDER, JOSE**
STREET ADDRESS **1135 YELLOWHEART WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE ☐ Change ☐ Addition
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NAME
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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: *Jose L. Escuder* **SIGNATURE REQUIRED** **ESCUDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2003

954-920 0450

Date

Daytime Phone #

CR2E034 (10/02)