

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-17-2003 90220 014 ***150.00

DOCUMENT # P02000102956

1. Entity Name
TECHNOGENESIS, INC.



Principal Place of Business
**1250 SW 27 AVE STE 500
MIAMI FL 33135**

Mailing Address
~~1250 SW 27 AVE STE 500~~
~~MIAMI FL 33135~~
**147 SW 22 ROAD
MIAMI, FL 33129**

55038490



2. Principal Place of Business

3. Mailing Address
147 SW 22 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, FL

4. FEI Number
00-0292959

Applied For
Not Applicable

Zip Country

Zip Country
33129 USA

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

6. Name and Address of Current Registered Agent

**LOPEZ, RAUL
1250 SW 27 AVE STE 500
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. 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 **President** ☐ Delete
NAME **RAUL LOPEZ**
STREET ADDRESS **147 SW 22 ROAD**
CITY-ST-ZIP **MIAMI, FL 33129**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 807, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 1, 2003 (305) 793 9998

CR2E034 (10/02)