

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91098 042 ***150.00

DOCUMENT # P02000129955

1. Entity Name
TEK 5 INC.



Principal Place of Business
6511 VI ATRENTO
DELRAY BEACH FL 33446

Mailing Address
6511 VI ATRENTO
DELRAY BEACH FL 33446

2. Principal Place of Business
1371 W. NEWPORT CENTER DR.
Suite, Apt. #, etc.
102

3. Mailing Address
Suite, Apt. #, etc.
5A

City & State
DEERFIELD BEACH FL
Zip
33442
Country
USA

City & State
Zip
Country

4. FEI Number
71-0923031

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

ZIPPIN, ROBERT S
7101 W NCNAB ROAD STE 200
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
BERNARD ROSNER
Street Address (P.O. Box Number is Not Acceptable)
1371 W. NEWPORT CENTER DRIVE #102
City
DEERFIELD BEACH FL **Zip Code**
33446

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 *Bernard Rosner*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/11/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
ROSNER, BERNARD
STREET ADDRESS
6511 VI ATRENTO
CITY-ST-ZIP
DELRAY BEACH FL 33446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT ☒ Change ☐ Addition
NAME
Bernard Rosner
STREET ADDRESS
1371 W. Newport Center Drive #102
CITY-ST-ZIP
DEERFIELD BEACH, FL 33442

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

BERNARD ROSNER 2/11/03 954-578-8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)