2000 UNIFORM BUSINES'S REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P92000012994 1. Entity Name TECHNO A/C, INC. 03-21-2000 90011 045 \*\*\*150.00 Mailing Address Principal Place of Business 7810 SW 127TH COURT 7810 SW 127TH COURT MIAMI FL 33156-3563 MIAMI FL 33183 2. Principal Place of Business Mailing Address 8345 S.W 105 ST SW 105 ST. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0412390 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TZOIX, MARK Street Address (P.O. Box Number is Not Acceptable) ETZOLD. MARK 7810 S.W. 127TH COURT 45 SIW 105 ST. **MIAMI FL 33183** City the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ■ Addition ☐ Delete TITLE TITLE ETZOLD MARK 8345. S.W 1058T NAME NAME ETZOLD, MARK STREET ADDRESS 7810 SW 127TH COURT STREET ADDRESS Miami, FL 33/56 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Change ☐ Addition ☐ Delete TITLE ET2010 ANA M. 8345 S.W 105 ST. NAME ETZOLD, ANA M NAME STREET ADDRESS STREET ADDRESS 7810 SW 127TH COURT miami, A 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR