

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011598

1. Entity Name

TECHNICITY, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90415 047 ***150.00

Principal Place of Business

10100 AQUA VISTA WAY
BOCA RATON FL 33428

Mailing Address

P.O. BOX 971531
BOCA RATON FL 33497

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3170010**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, GARY M ESQ
327 PLAZA REAL
STE. 215
BOCA RATON FL 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	INGBER, JOSEPH	
STREET ADDRESS	10100 AQUA VISTA WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, GARY M	
STREET ADDRESS	327 PLAZA REAL, STE. 215	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	INGBER, JOSEPH R	
STREET ADDRESS	10100 AQUA VISTA WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 with an address, with all other like empowered.

SIGNATURE:

Joseph Ingber Joseph Ingber

Date

4/28/01 561-477-8653

Daytime Phone #

CR2E034 (10/00)