## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000012707** Sep 15, 2000 8:00 am Secretary of State 1. Entity Name TOMORROW'S TECHNOLOGY TODAY, INTL., INC. 09-15-2000 90005 048 \*\*\*550.00 Principal Place of Business Mailing Address 861 NE 78TH ST 861 NE 78TH ST **BOCA RATON FL BOCA RATON FL** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0470308 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ======== 7. Name and Address of New Registered Agent .... BERNSTEIN, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 86# NE 78TH ST. **BOCA RATON FL 33487** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11, OFFICERS AND DIRECTORS TITLE Change ☐ Addition ☐ Delete TITLE BERNSTEIN, RICHARD NAME NAME STREET ADDRESS 861 NE 78TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487-1753** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete "Addition TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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:

Kicharelle Bernster Q RECHARD L BERNSTEIN 8-31-2000

561-995-7235

Daytime Phone #