

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 004 ***150.00

DOCUMENT # <i>094000047453</i>	
1. Entity Name <i>Technical Systems & Equipment Corp.</i>	

DO NOT WRITE IN THIS SPACE

40031247

2. Principal Place of Business <i>8426 NW 56 Street</i>		3. Mailing Address <i>8426 NW 56 Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33166</i>	Country <i>USA</i>	Zip <i>33166</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>05-0503065</i>		Applied For ☐ No: Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required		
	7. Name and Address of Current Registered Agent		
	Name <i>Carlos G. Alonso</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>8426 NW 56th Street</i>			
City <i>Miami</i>			State <i>FL</i>
			Zip Code <i>33166</i>

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	<i>PD Alonso, Carlos G. 8426 NW 56 Street Miami, FL 33166</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>VP Alonso, Magaly L. 8426 NW 56 Street Miami, FL 33166</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Magaly L. Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2005 305-594-0107

Date

On/After Phone #