2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P94000070854 1. Entity Name MANAGEMENT TECHNOLOGIES INTERNATIONAL, INC. 04-23-2001 90140 011 ***150 00 Principal Place of Business Mailing Address 5935 24TH AVE SW 5935 24TH AVE SW NAPLES FL 34116 NAPLES FL 34116 US. 3. Mailing Address 2. Principal Place of Business 4450 Bonta Beach Ed 4450 Bonik Beach Ed Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Soile 112 Suite 113 Applied For City & State 4. FEI Number City & State 65-0522730 Not Applicable \$8.75 Additional Country. 5. Certificate of Status Desired 34134 **Fee Required** Collier Callier 34134 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete DILE TITLE LEONARD, MICHEAL NAME NAME STREET ADDRESS 5935 STAR BRAGG LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP Addition YP Change ☐ Delete TITLE TITLE Baery Beek 5935 Stor Grow Lone BARRY BERL 5905 Ste Grew Line NAME NAME STREET ADDRESS STREET ADDRESS Mooles FL 34116 neples, FL-34166 CITY-ST-ZIP- = CITY-ST-ZIP-☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Barry Bork
SIGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2001

941-949.4195

Daytime Phone #

CR2E034 (10/