## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 21, 2001 8:00 am DOCUMENT # P96000038218 **Secretary of State** TECHNOLOGY POINT INTERNATIONAL, INC. 03-21-2001 90036 046 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 550910 1833 BOUVELARD STE 609 JACKSONVILLE FL 32255 JACKSONVILLE FL 32206 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 401 City & State Applied For City & State 4. FEI Number 59-3376766 Ksonville Not Applicable Zip 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 DENON, DEVRY CPA Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD JACKSONVILLE FL 32211 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 ☐ Delete TITLE Farhat Jamps E 423> Salisbury Rd Ste 401 Jacksonville FL 32216 NAME FARHAT, JAMES E NAME STREET ADDRESS 1833 BOVVELARD, STE 609 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Delete TITLE ☐ Addition TITLE BATEH, MARK NAMÉ NAME STREET ADDRESS 1833 BOWELARD, STE 609 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 TITLE Delete TITLE 4237 Salisbury Rd Ste 401 Sucksonville FL 32016 NAME HIDALGO, RACHEL NAME STREET ADDRESS 1833 BOWELARD, STE 609 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete TITLE ☐ Addition TITLE NAME NAME FARHAT, JOHN STREET ADDRESS STREET ADDRESS 1833 BOULEVARD STE 609 CITY-ST-ZIP CITY-ST-ZIP JAX FL\_32206 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.