

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90058 022 ***150.00

DOCUMENT # P96000093900

1. Entity Name

ARAGON TECHNOLOGY CONSULTING, INC.

Principal Place of Business

13780 SW 56TH ST
SUITE 211
MIAMI FL 33175
US

Mailing Address

13780 SW 56TH ST
SUITE 211
MIAMI FL 33175
US

2. Principal Place of Business

40 COMPUTER WAYS
500 FAIRWAY DR.
SUITE 203

3. Mailing Address

P.O. BOX 770456



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH, FL

City & State

CORAL SPRINGS, FL

4. FEI Number 65-0709502

Applied For

Not Applicable

Zip

Country

33441

US

Zip

Country

33077-0456

US

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

JULLION, KEVIN

6402 SW 152 PLACE

MIAMI FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

11385 N.W. 1ST COURT

City

CORAL SPRINGS

FL

Zip Code

33071

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 KEVIN JULLION, PRESIDENT

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/22/01

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 PD
NAME JULLION, KEVIN
STREET ADDRESS 6402 SW 152 PLACE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS 11385 N.W. 1ST COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE TSD
NAME JULLION, CATHERINE C
STREET ADDRESS 6402 SW 152 PLACE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS 11385 N.W. 1ST COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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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: CATHERINE CLARKSON JULLION 1/22/01 954-575-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)