## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000109068**\_ P96966164161 May 17, 2000 8:00 am Secretary of State TECHNOLOGY TOOLS, INC. GLOBAL BUSINESS RESOURCES, INC. 05-17-2000 91071 001 \*3,600.00 Principal Place of Business Mailing Address 22154 MARTELLA AVE 22154 MARTELLA AVE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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 Name **GOLDSTEIN, PETER** Street Address (P.O. Box Number is Not Acceptable) 22154 MARTELLA AVE **BOCA RATON FL 33433** City Zip Code FI 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) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TIT! F Delete TITLE Change Addition **GOLDSTEIN, PETER** NAME NAME 22154 MARTELLA AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete Change Addition NAME OF SINCE ADDRESS STREET ADDRESS St-Zin CITY-ST-ZIP Delete ☐ Addition ☐ Change NAME STREET ADDRESS ST-ZIF CHY-ST-7/2 ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS ST-ZIP CHY-ST-ZIP ☐ Delete MUE Change Addition NAME \_\_ 1200056 STREET ADDRESS ST-ZIP CITY-S1-ZIP Delete TITLE Change Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR