

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027796

1. Entity Name

TESTEC, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 009 ***150.00

Principal Place of Business

Mailing Address

~~201 S. BISCAYNE BLVD~~
~~STE 2000~~
~~MIAMI FL 33131~~

~~201 S. BISCAYNE BLVD~~
~~STE 2000~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

7700 N. KENDALL DR.

P.O. Box 454408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. #803

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Zip

Country

Country

33136 U.S.

33245 U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AUERBACH, MARG H ESQ.~~
~~201 S. BISCAYNE BLVD~~
~~STE 2000~~
~~MIAMI FL 33131~~

OSCAR BAISMAN
251 GRANDON BLVD
KEY BISCAYNE FL
33149

Name OSCAR BAISMAN
Street Address (P.O. Box Numbers Not Acceptable) 251 GRANDON BLVD #641
City KEY BISCAYNE FL Zip Code 33149

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

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, 2000 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 DVT ☐ Delete
NAME BAISMAN, OSCAR
STREET ADDRESS 251 GRANDON BLVD
CITY-ST-ZIP MIAMI FL 33131 KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 to this report, with the authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)