

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 022 ***150.00

DOCUMENT # P97000039244

1. Entity Name

INTERNATIONAL TECHNOLOGY TRANSFER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3109 GRAND AVE

Suite, Apt. #, etc.

#305

City & State

Miami FL

Zip

33313

Country

3. Mailing Address

2800 BISCAYNE BLVD.

Suite, Apt. #, etc.

#1000

City & State

Miami FL

Zip

33133

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0749140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HECKER, LESLIE F ESQ

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

2800 BISCAYNE BLVD. STA 1000

City

Miami

FL

Zip Code

33137

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

4/15/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
KOOZITZKY, GRAY
3109 GRAND AVE. #305
CORAL GABLES FL 33146

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 (786) 425 4000

CR2E034B (12/01)