2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P97000045352** May 16, 2000 8:00 am **Secretary of State** TECNOL, INCORPORATED 05-16-2000 90181 043 ***150.00 Mailing Address Principal Place of Business 3370 NW 72 AVE 3370:NW-72-AVE MIAMI FL 33756-3595 MIAMI-FL 33122 2. Principal Place of Business 3. Mailing Address 1298 LAKEUIEN' 1298 LAKEUIEW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. + HOLIDA CLEARWATER CLEARWATER City & State 4. FEI Number Applied For City & State 65-0767485 Not Applicable Country U 5/A \$8.75 Additional 5. Certificate of Status Desired UŠA 33756 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAMEN SMITH BLINDERMAN, RICHARD I Street Address (P.O. Box Number is Not Acceptable) 3111 STERLING RD 1298 LAKEVIEW RO. FT. LAUDERDALE FL 33312 CLEARWATER 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** (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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS UICE PRESIDENT ☐ Addition VTS Delete TITLE MR. D. WAYNE KELLER 1248 LAKEVIEW RD. LUYTEN, GERARDUS H NAME STREET ADDRESS STREET ADDRESS 3370 NW 72 AVE CITY-ST-ZIP CLEANWATER, FLORIDA. CITY-ST-ZIP 33756 MIAMI FL 33122 ☐ Addition ☐ Change TITLE Delete TITLE CARNIELLI, SERGIO NAME NAME STREET ADDRESS 3370 NW 72 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33122 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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