

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075789

1. Entity Name
UNITED TECHNOLOGY CORPORATION OF AMERICA

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90040 036 ***150.00

Principal Place of Business
3300 S. CONGRESS AVE
#19
BOYNTON BCH FL 33426

Mailing Address
3300 S. CONGRESS AVE
#19
BOYNTON BCH FL 33426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3301 ELECTRONICS WAY

3. Mailing Address
3301 ELECTRONICS WAY

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
WEST PALM BEACH

City & State
WEST PALM BEACH

4. FEI Number 65-0776172

Applied For
Not Applicable

Zip
33407

Country
PALM BEACH

Zip
33407

Country
PALM BEACH

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

ANDREOLI, RICK
3300 S. CONGRESS AVE
STE 19
BOYNTON BCH FL 33426

Name
ANDREOLI, RICARDO
Street Address (P.O. Box Number is Not Acceptable)
3301 ELECTRONICS WAY
SUITE A
City
WEST PALM BEACH FL Zip Code
33407

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

(NOTE: Registered Agent signature required when reinstating)

1/10/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P ANDREOLI, RICK 3300 S. CONGRESS AVE #19 BOYNTON BCH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREOLI, RICARDO 3301 ELECTRONICS WAY, #A WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
Date

561-784-3430
Daytime Phone #

0657114 AV

CR2E034 (9/01)