| 2001 UNIFORM BUSINESS REPORT (UBR)   |                                   |   |  |
|--|-----------------------------------|---|--|
| DOCUMENT # P970000 78057   |                                   |   |  |
| TECHNOLOGIES INTERNATIONAL   |                                   |   | FILED  |
| ENTERPRISES, INC.  |                                   |   | ·  |
| Principal Place of Business Mailing Address  |                                   |   | 01 MAR 12 AM 8: 55   |
| 8762 LAKE TIBE   | •                                 |   | SECRETARY OF STATE TAULAHASSEE, FEORIDA  |
| ORLANDO FL 3   | 2836 ORLANDO                      | FL 32836                                      | PAULAHASSEE, FEORIDA   |
| 2. Principal Place of Business   | 3. Mailing Address                |   |  |
| Suite, Apt. #. etc.  | Suite, Apt. #, etc.               |   | REINSTATEMENT (1) ()   |
| City & State   | City & State                      | <del></del>                                   | 4. FEI Number Applied Factor Not |
| Zip Country  | Zip                               | Country                                       | S. Certificate of Status Desired     Secretary Secr      |
| 6. Name and Address o  | of Current Registered Agent       |   | 7. Name and Address of New Registered Agent  |
| KPTL STRUCTES INC. Name RONALD H. LEVENTHAL  |                                   |   |  |
| 390 DOLANGE AUE, SUITE 600 - Street Address (P.O-Box Number is Not-Acceptable)   |                                   |   |  |
| GRLANDO FI   |                                   |   |  |
|  | - 32001                           | City OR                                       | LANDO FL 32 236  |
| 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 Tabuld & Cut State Signature, typed or printed name of registered agent and title if abblicable. (HOTE: Registered Agent signature reduced when reinstating)  DATE   |                                   |   |  |
| 9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financing  \$5.00 May Be   |                                   |   |  |
| Tax filing requirement and elects to do<br>(See criteria on back)  |                                   | Fee will be \$550.00<br>e to Department of St | Trust Fund Contribution Added to Fees  |
|  | ERS AND DIRECTORS                 | 12.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| NAME LEVENTHAL,  | ROLLALA //                        | TITLE<br>NAME                                 | 2000038514426  |
| STREET ADDRESS 8787 LAKE   | FL 32036                          | STREET ADDRESS                                | -03/13/0101115017 [g/  |
|  |                                   | CITY-ST-ZIP :                                 | *****908。75 *****908。75 ** Change  |
| NAME LEVENTHAL,  | TALQUELINE C.  TIBET CT  FL 32836 | NAME  | C Ollarge C Addition   |
| STREET ADDRESS 8/62 CAICE  | TIBET CT                          | STREET ADDRESS CITY-ST-ZIP                    |  |
| THEE   | Delete                            |   | Change Addition  |
| NAME.  |                                   | NAME  |  |
| STREET ADDRESS CITY-ST-ZIP   |                                   | STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE  | Delete                            | TITLE   | ☐ Change ☐ Addition  |
| NAME   |                                   | NAME  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                                   | STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE  | ☐ Defete                          | TITLE   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS   |                                   | NAME  |  |
| CITY-ST-ZIP  |                                   | STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE  | ☐ Delete                          | TITLE   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS   |                                   | NAME<br>STREET ADDRESS                        |  |
| CITY-ST-ZIP  |                                   | 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 with an address, with a fine monoward. |                                   |   |  |
| 1 0 + O - 1 - 23/9   |                                   |   |  |
| SIGNATURE:   |                                   |   |  |