2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # **P97000091948**

1. Entity Name
UNITED TECHNOLOGY PARTNERS, INC.

Principal Place of Business	Mailing Address
22348 S.W. 57TH CIRCLE	22348 S.W. 57TH CIRCLE
BOCA RATON FL	BOCA RATON FL
33428	33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18221 181ST CIRCLE SOUTH	18221 181ST CIRCLE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33498 Country:	Zip: 33498 Country:

4. FEI Number **65-0911245** ☐ Applied For ☐ Not Applicable

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
SARNELLI MATTHEW	Name: SARNELLI MATTHEW
22348 S.W. 57TH CIRCLE	Street Address (P.O. Box Number is Not Acceptable): 18221 181ST CIRCLE SOUTH
BOCA RATON FL	City: BOCA RATON **FL** Zip Code: 33498
33428	

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 ______________________ **04/30/2000**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARNELLI MATTHEW 22348 S.W. 57TH CIRCLE BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARNELLI MATTHEW 18221 181ST CIRCLE SOUTH BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Matthew Sarnelli PD 04/30/2000