

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092360

1. Entity Name
TEST SYSTEMS ENGINEERING, INC.

Principal Place of Business
5383 NOB HILL ROAD
SUNRISE FL 33351

Mailing Address
5383 NOB HILL ROAD
SUNRISE FL 33351

2. Principal Place of Business

1800 NW 69 Ave

3. Mailing Address

1800 NW 69 Ave

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Plantation FL

Plantation

Zip

33313

Zip

FL

Country

USA

33313

Country

4. FEI Number

65-0615056

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SCHLINKMANN, JAMIE
5383 NOB HILL ROAD
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D Delete
NAME SCHLINKMANN, JAMIE
STREET ADDRESS 5383 NOB HILL ROAD 1800 NW 69 AVE #102
CITY-ST-ZIP SUNRISE FL 33351 Plantation FL 33313

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME Schlinkmann, Alex
STREET ADDRESS 1800 NW 69 Ave #102
CITY-ST-ZIP Plantation, FL 33313

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Alex Schlinkmann 9-6-01 954-791-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/01