

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 029 ***150.00

DOCUMENT # P97000101501

1. Entity Name
KNOWLEDGE TECHNOLOGIES, INC. BECTRASYS CORPORATION

Principal Place of Business

**10901 SW 120TH STREET
 MIAMI FL 33176**

Mailing Address

**~~10901 SW 120TH STREET~~ P.O. Box 565388
 MIAMI FL 33176 Miami, FL. 33256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, SILVIA A
 9020 SW 102 STREET
 MIAMI FL 33176**

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0797742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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.

(NOT)

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
 After MAY 1, 2001
 Make Check Payable to Department of State**

**FEE IS \$150.00
 Fee will be \$550.00**

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 **PSD** ☐ Delete
 NAME **BECERRA-FERNANDEZ, IRMA**
 STREET ADDRESS **10901 SW 120TH STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Becerra Fernandez, Irma**
 STREET ADDRESS **10901 SW 120 St.**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE **VTD** ☐ Delete
 NAME **RODRIGUEZ, SILVIA A**
 STREET ADDRESS **9020 SW 102 ST**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Rodriguez, Silvia A.**
 STREET ADDRESS **9020 SW 102 St.**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Silvia A. Rodriguez **4/15/01** **305-596-4192**

CR2E034 (10/00)