

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000101963

1. Entity Name

TECHSYSTEMS RESOURCES, INC

FILED**Jun 09, 2000 8:00 am**
Secretary of State

06-09-2000 90008 033 ***150.00

Principal Place of Business

18377 NE 4TH CT
MIAMI, FL 33179

Mailing Address

1026 NE 202 LANE
N. MIAMI, FL 33179

2. Principal Place of Business

1026 NE 202 LANE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N MIAMI, FL

City & State

Zip

33179

Country

Zip

Country

4. FEI Number

65-0803145

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

661388

6. Name and Address of Current Registered Agent

FRANK M. MARKS, ESQ
2701 SW 3RD AVE
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

DONNA SHERR

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

1026 NE 202 LANE

City

N MIAMI

FL

Zip Code

33129

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

5-1-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DARYL OLSTER	
STREET ADDRESS	200 NW 161 ST AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33021	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONNA SHERR	
STREET ADDRESS	1026 NE 202 LANE	
CITY-ST-ZIP	N MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

305 6547721

Daytime Phone #

CR2E034 (9/99)