FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nar	IMENT # P9700 TECHNOLOGIES, INC	01.06995	•	Jan 17, 200 Secretary 01-17-2002 90001	of Sta	ate
Principal Place of Business 6278 N. FEDERAL HWY 120 FT. LAUDERDALE FL 33308 US		Mailing Address 6278 N. FEDERAL HWY 120 FT. LAUDERDALE FL 33308 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0820799 Applied For Not Applicable		
Zip Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered		
GRUDZIEN, EDWARD 1327 SOUTHWEST 48TH TERRACE		-		s (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442		OR 1822 City			[-	
		10,20,12	City	F	Zip Code	8
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)		Title if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Star		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUDZIEN, DONALEE 1327 SOUTHWEST 48TH TERRAC DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUDZIEN, EDWARD 1327 SOUTHWEST 48TH TERRAC DEERFIELD BEACH FL 33442	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	ST GRUDZIEN, RICHARD 113 CRUISER ROAD NORTH NORTH PALM BEACH FL 33408	☐ 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
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
indicated	on this report or supplemental report is t	rue and accurate and that my	signature shall have the	section 119.07(3)(i), Florida Statutes. I further ce s same legal effect as if made under oath; that I o7, Florida Statutes; and that my name appears	am an officer of	or director