## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2000 8:00 am Secretary of State **DOCUMENT #** P98000045608 1. Entity Name Connecting Technology To Tomorrow, Inc. 04-03-2000 90004 010 \*\*\*150.00 Principal Place of Business Mailing Address 219 SE 9th Street 219 SE 9th Street Dania Beach, FL Dania Beach, FL 33004 33004 B0049991 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 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kaufhold, Susan B. 219 SE 9th Street Street Address (P.O. Box Number is Not Acceptable) Dania Beach, FL 33004 Zip Code 8. The above named entity submits this statement for the purpose of chapping its registered of registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intan-FILE NOW!!! FEE IS \$150.00 \$5.00 10. Election Campaign Financing gible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delete Change Addition Grish, Marilyn NAME 2473 Lob Lolly Lane STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition Kaufhold, Susan B. NAME NAME 219 SE 9th St. STREET ADDRESS STREET ADDRESS Dania Beach, FL 33004 CITY - ST - ZIP CITY - ST - ZIR TITLE Dělete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change Addition NAME STREET ADDRESS 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 sport 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 or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 of , with all other like empowered. 3/27/2000 954-925-7673 SIGNATURE AME OF SIGNING OFFICER OR DIRECTOR Date

FILED