

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **8P9800004602**

1. Entity Name
Tech Labs, Inc.

FILED
00 MAY 17 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3435 Gulf Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308**

Mailing Address
**3435 Gulf Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308**

2. Principal Place of Business
**3435 Gulf Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308**

3. Mailing Address
**3435 Gulf Ocean Drive
2nd Floor
Ft. Lauderdale, FL 33308**

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

DO NOT WRITE IN THIS SPACE

4. FE Number
65-084365

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**David M. Glassberg
1570 Madroga Avenue
Suite 211
North Fort Lauderdale, FL 33344**

7. Name and Address of New Registered Agent

Name

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

City & State
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]** (DAVID M. GLASSBERG) **04/11/00**

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE Chairman	<input type="checkbox"/> Delete
NAME Thomas J. Taulo	
STREET ADDRESS 3435 Gulf Ocean Drive	
CITY-ST-ZIP Ft. Lauderdale, FL 33308	
TITLE Vice President, Secretary & Treasurer	<input type="checkbox"/> Delete
NAME BARRY A. ROTHMAN	
STREET ADDRESS 3435 Gulf Ocean Drive	
CITY-ST-ZIP Ft. Lauderdale, FL 33308	
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 checked="" 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]** **Thomas J. Taulo** **4/11/00** **(954) 630-0022**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)