## **2001 UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-ZIF

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

SIGNATURE A

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P9800051654... 1. Entity Name TECHLOG, INC. 05-17-2001 91359 040 \*\*\*150.00 Principal Place of Business Mailing Address 2780 N.E. 183 STREET #815 2780 N.E. 183 STREET #815 AVENTURA FL 33160 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0842314 Not Applicable Zip Country Zip 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 VALENTIN, PEDRO Street Address (P.O. Box Number is Not Acceptable) 13100 S.W. 92 AVENUE SUITE #C 404 MIAMI FL 33176 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE LIMONGI, SERGIO NAME NAME 2780 N.E. 183 STREET SUITE 815 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SANTANA, EDGAR DECASTRO NAME NAME 2780 N.E. 183 STREET SUITE 815 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33160** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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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

≥RGNO LIMONGI

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 517 3466.

Daytime Phone #