

2000 UNIFORM BUSINESS REPORT (UBR)

082100

DOCUMENT # **P78000083747**

1. Entity Name

TECHNIQUES & DEVELOPMENT INTERNATIONAL, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 23 AM 10:33

Principal Place of Business

Mailing Address

6610 North University Drive - Suite 250
Fort Lauderdale, Florida 33321

2. Principal Place of Business

1717 North Bayshore Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2536
City & State
Miami, Florida

City & State

Zip Country
33132

Zip Country

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-- 1005020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 Almeria Avenue
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

Name **STEVEN A. EDELSTEIN**
Street Address (P.O. Box Number is Not Acceptable)
1200 Anastasia Avenue - Suite 300
City **Coral Gables** **FL** Zip Code **33134**

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

Steven A. Edelstein

STEVEN A. EDELSTEIN

15 AUG 2000

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.
(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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S-T-D GEAN-BERNARD LASNAUD 6610 North University Drive - # 250 Fort Lauderdale, Florida 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D JACQUES RENAUD 1717 North Bayshore Drive - # 2536 Miami, Florida 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T-D MAURICE LONGUE B.P. 5075 Grand Case 97150 Saint Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPPE RENAUD 1717 North Bayshore Drive - # 2536 Miami, Florida 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003377889-6 -08/30/00--01063--014 *****900.00 *****900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jacques Renaud

JACQUES RENAUD

5 MAY 2000 (305)372-1746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)