2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90016 004 ***550.00

80106447

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000004588

1. Entity Name
TECHNOSUB INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
1680 CORSICA DR. W. PALM BCH FL 33414	1680 CORSICA DR. W. PALM BCH FL 33414

2. Principal Place of Business	3. Mailing Address
12692 SHORELINE DR	12692 SHORELINE DR
Suite, Apt. #, etc. #3-D	Suite, Apt. #, etc. #3-D
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33414 Country USA	Zip 33414 Country USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLANEZA, LEONARDO
1680 CORSICA DR.
W. PALM BCH FL 33414

7. Name and Address of New Registered Agent

Name LLANEZA LEONARDO
Street Address (P.O. Box Number is Not Acceptable) 12692 SHORELINE DR, #3D
City WEST PALM BEACH, **FL** Zip Code 33414

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] LEONARDO LLANEZA President 9/7/2000
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LLANEZA, LEONARDO 817 LANTERN TREE LN. W. PALM BCH FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LLANEZA LEONARDO 11355 POND VIEW DR, APT. D202 WEST PALM BEACH, FL, 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ALIREZA, MAGDA L 817 LANTERN TREE LN. W. PALM BCH FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ALIREZA MAGDA 11355 POND VIEW DR, APT. D 202 WEST PALM BEACH, FL 33414	☒ 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
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CR2E034 (5/00)

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] 9/07/2000 (561) 784-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #