2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000004588

1. Entity Name
TECHNOSUB INTERNATIONAL CORPORATION

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

Mailing Address
1680 CORSICA DR.
W. PALM BCH FL 33414

H01064947

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address: 12692 SHORELINE DR
Suite, Apt. #, etc.: #3-D
City & State: WEST PALM BEACH, FL
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: 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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	LLANEZA, LEONARDO	NAME	LLANEZA LEONARDO
STREET ADDRESS	817 LANTERN TREE LN.	STREET ADDRESS	11355 POND VIEW DR, APT. D202
CITY-ST-ZIP	W. PALM BCH FL 33414	CITY-ST-ZIP	WEST PALM BEACH, FL, 33414
TITLE	VST ☐ Delete	TITLE	VST ☒ Change ☐ Addition
NAME	ALIREZA, MAGDA L	NAME	ALIREZA MAGDA
STREET ADDRESS	817 LANTERN TREE LN.	STREET ADDRESS	11355 POND VIEW DR, APT. D 202
CITY-ST-ZIP	W. PALM BCH FL 33414	CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	☐ Delete	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	
TITLE	☐ Delete	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	

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: ELECTRONICALLY FILED 9/07/2000 (561) 784.7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #