

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013876

1. Entity Name

TECHNICAL TRANSLATORS & PRINTERS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

8440 STATE ROAD 84
Suite, Apt. #, etc.

3. Mailing Address

12471 N.W. 15 PLACE
Suite, Apt. #, etc.
16308

REINSTATEMENT

City & State

DAVIE FL

City & State

SUNRISE, FL

4. FEI Number

65-0909607

Applied For

Not Applicable

Zip

33224

Country

USA

Zip

33223

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ALVARO TRUJILLO

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

201 RACQUET CLUB RD. # S-518

City

WESTON

FL

Zip Code

33226

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

ALVARO TRUJILLO

9/11/00

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. (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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARIA LARA
12471 NW 15 PL. # 16308
SUNRISE, FL 33223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
RICARDO LARA
812 NW 173 TER.
PEMBROKE PINES, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ARTURO LARA
812 NW 173 TER.
PEMBROKE PINES, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003493329
-12/11/00--01037--012
****758.75 ****758.75

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/00 (954) 424-2723

CR2E034 (5/00)