2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900014651 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name KESERCORP TECHNOLOGY SERVICES, INC. 09-12-2000 90010 037 \*\*\*550.00 Principal Place of Business Mailing Address 3206 NORFOLK ST 3206 NORFOLK ST POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 **ADUVUU**A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Nov. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KESER, MICHAEL ot Adceptable) Street 3206 NORFOLK ST POMPANO BEACH FL 33062 0 or both, in the State of Florida. 8. The above named entity subits this statement for the purpose of changing its registered office or registered agent **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE KESER, MICHAEL NAME NAME STREET ADDRESS 3206 NORFOLK ST-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and tifat my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachmen SIGNATURE: