

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016548

1. Entity Name  
**TEKNIUM, INC.**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90625 019 \*\*\*150.00

Principal Place of Business  
**14756 S.W. 174TH STREET**  
**MIAMI FL 33187**

Mailing Address  
**14756 S.W. 174TH STREET**  
**MIAMI FL 33187**

2. Principal Place of Business  
**10710 SW 142 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**10710 SW 142 AVE**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

4. FEI Number  
**65-0906223**

Applied For  
☐ Not Applicable

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

**GONAZALEZ, EVELYN**  
**14756 S.W. 174TH STREET**  
**MIAMI FL 33187**

Name  
**EVELYN GONZALEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**10710 SW 142 AVE**  
City  
**Miami, FL** Zip Code  
**33186**

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 *Evelyn Gonzalez*

**3-4-01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GONZALEZ, MARK**  
**14756 S.W. 174TH STREET**  
**MIAMI FL 33187** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MARK GONZALEZ**  
**10710 SW 142 AVE**  
**Miami, FL. 33186** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GONZALEZ, EVELYN**  
**14756 S.W. 174TH STREET**  
**MIAMI FL 33187** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVELYN GONZALEZ**  
**10710 SW 142 AVE**  
**Miami, FL. 33186** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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☐ Change ☐ Addition

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-01**

Date

**305.342.0985**

Daytime Phone #

CR2E034 (10/00)