2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90159 040 ***150.00

DOCUMENT # P99000016548

1. Entity Name
TEKNIUM, INC.

Principal Place of Business	Mailing Address
10710 SW 142 AVENUE MIAMI FL 33186	10710 SW 142 AVENUE MIAMI FL 33186

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
19451 SHERIDAN ST #205	19451 SHERIDAN ST.
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. #205
City & State Pembroke Pines, Fl.	City & State Pembroke Pines, Fl.
Zip 33332 Country USA	Zip 33332 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

GONAZALEZ, EVELYN
10710 SW 142 AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name Evelyn Gonzalez
Street Address (P.O. Box Number is Not Acceptable) 19451 SHERIDAN ST. #205
City Pembroke Pines FL Zip Code 33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MARK 10710 SW 142 AVENUE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK R. GONZALEZ 19451 SHERIDAN ST #205 Pembroke Pines, Fl. 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, EVELYN 10710 SW 142 AVENUE MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVELYN M. GONZALEZ 19451 SHERIDAN STREET #205 Pembroke Pines, Fl. 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANNY FERNANDEZ 19451 SHERIDAN ST #205 Pembroke Pines, Fl. 33332	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOIRLEN FERNANDEZ 19451 SHERIDAN ST #205 Pembroke Pines, Fl. 33332	☐ 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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #