FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Sep 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000032456** 1. Entity Name TECH WEST CORP. 09-13-2000 90021 022 \*\*\*550.00 Principal Place of Business Mailing Address 304 RACKET CLUB ROAD, STE, 104 304 RACKET CLUB ROAD, STE. 104 WESTON FL 33326 WESTON FL 33326 [[[[[[[]]]]]]]] Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional NSA-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERNANDO BASSO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 304 RACKET CLUB ROAD, STE. 104 WESTON FL 33326 24TM 5.W. 8. The above named entity submi t for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its. 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do s 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 11. 12. SECRETARY / TREASURE / DIRECTOR Change ☐ Delete TITI.E BASSO, FERNONDS NAME BASSO, FERNANDO NAME 8800 S.W. 24TD STREET. STREET ADDRESS STREET ADDRESS 304 RACKET CLUB ROAD, STE. 104 CITY-ST-ZIP man, Pl. 33165 CITY-ST-ZIP WESTON FL 33326 PRESIDENT. TITLE TITLE ☐ Delete SOCORPO FRANZI 8800 S.W. 24 M STUFFT SOCORRO, FRANZ NAME NAME STREET ADDRESS STREET ADDRESS 304 RACKET CLUB ROAD, STE. 104 CITY-ST-ZIP mom, FL 33165 CITY-ST-7IP WESTON FL 33326 Change [2] Addition TITLE ☐ Delete TITLE will have NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiF CITY-ST-ZIP 13. I hereby certify that the information supplied with this findicated on this report or supplemental report is true of the corporation or the receiver or trusteed in power or the corporation. ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: