

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032625

1. Entity Name

ACTIVE TIER TECHNOLOGIES, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90304 015 \*\*\*150.00

0157417

Principal Place of Business

2430 SWANSON AVENUE  
COCONUT GROVE FL 33133

Mailing Address

2430 SWANSON AVENUE  
COCONUT GROVE FL 33133

2. Principal Place of Business

2964 Aviation Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33133

Country

US

Country

4. FEI Number

65-0909515

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALLMAN, STACY  
2430 SWANSON AVENUE  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

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

2964 AVIATION AVENUE  
3rd Floor

City

MIAMI

FL

Zip Code

33133

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

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

TITLE PD  
NAME HALLMAN, STACY  
STREET ADDRESS 2430 SWANSON AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
2964 AVIATION AVENUE 3rd Floor  
MIAMI, FLORIDA 33133

TITLE TRUJILLO  
NAME RAFAEL FIOLE  
STREET ADDRESS 2964 AVIATION AVENUE 3rd Floor  
CITY-ST-ZIP MIAMI, FLORIDA 33133 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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

1-20-01 (305) 444-8321

Daytime Phone #

CR2E034 (10/00)