

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000034611****1. Entity Name**
2000-X TECHNOLOGIES, INC.

Principal Place of Business 1633 S. EOLA DR. ORLANDO FL 32806	Mailing Address PO BOX 560328 ORLANDO FL 328560328
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2. Principal Place of Business 1242 NORTH FAIRWAY DRIVE Suite, Apt. #, etc.	3. Mailing Address PO BOX 560328 Suite, Apt. #, etc.
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City & State APOPKA FL	City & State ORLANDO FL
Zip 32712	Country US

4. FEI Number 59-3588536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAYA EDGAR
1633 S. EOLA DR.

ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name SAYA EDGAR OMR
Street Address (P.O. Box Number is Not Acceptable) 1633 S. EOLA DR.
City ORLANDO FL Zip Code 32806

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** EDGAR O. SAYA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/12/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** JEFFERY COUSINO

VP

09/12/2000

GONZALEZ, ALBERTO, ADVISOR
P.O. BOX 560328

ORLANDO, FLORIDA, 328560328