

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000034611**1. Entity Name
2000-X TECHNOLOGIES, INC.

Principal Place of Business

1242 NORTH FAIRWAY DRIVE

APOPKA
32712

FL

Mailing Address

PO BOX 560328

ORLANDO
328560328

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3588536

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SAYA EDGAR OMR
1633 S. EOLA DR.ORLANDO FL
32806 US

7. Name and Address of New Registered Agent

Name

GONZALEZ ALBERTO GMR

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

P.O. BOX 560328

City
ORLANDO

FL

Zip Code
32856

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 **ALBERTO G. GONZALEZ**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUSINO JEFFERY MR	
STREET ADDRESS	P.O. BOX 560328	
CITY-ST-ZIP	ORLANDO FL 328560328	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SAYA EDGAR OMR	
STREET ADDRESS	1633 S. EOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ ALBERTO G	
STREET ADDRESS	P.O. BOX 560328	
CITY-ST-ZIP	ORLANDO FL 328560328	
TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION CATALINA SMS	
STREET ADDRESS	P.O. BOX 560328	
CITY-ST-ZIP	ORLANDO FL 328560328	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYA EDGAR OMR	
STREET ADDRESS	1633 S. EOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Alberto G. Gonzalez**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)