

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90216 006 \*\*\*150.00

**DOCUMENT # P99000040321**  
**1. Entity Name**  
**U.S. TECHNOLOGY & SCIENCE - REAL ESTATE CORP.**

**Principal Place of Business**  
**4801 LAKEVIEW DR**  
**MIAMI BEACH FL 33140**

**Mailing Address**  
**4801 LAKEVIEW DR**  
**MIAMI BEACH FL 33140**

**2. Principal Place of Business**  
**4801 Lakeview DR**  
**Suite, Apt. #, etc.**  
**House**  
**City & State**  
**Miami FL**  
**Zip**  
**33140**  
**Country**  
**FL**

**3. Mailing Address**  
**4801 Lakeview DR**  
**Suite, Apt. #, etc.**  
**House**  
**City & State**  
**Miami FL**  
**Zip**  
**33140**  
**Country**  
**FL**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0919735** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MARGOLIS, JOHN A**  
**9990 SW 77 AVE., STE 330**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURAAS-BLANQUART, KAREN W		NAME		
STREET ADDRESS	3133 SW 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33009		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURLET, MATHIAS		NAME		
STREET ADDRESS	3133 SW 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33009		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRAE, ALEX		NAME		
STREET ADDRESS	3133 SW 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** SIGNATURE REQUIRED Mathias Burlet 04/28/02/305-661-8284  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)