

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90011 041 \*\*\*150.00

00020210



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000046299**

1. Entity Name  
**TECHNOLOGY VENTURES, INC.**

Principal Place of Business	Mailing Address
3164 LA MIRAGE DRIVE LAUDERHILL FL 33319	3164 LA MIRAGE DRIVE LAUDERHILL FL 33319-4269

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<i>P.O. Box 39844</i>

City & State	City & State
	<i>FT. LAUDERDALE, FL</i>

Zip	Country	Zip	Country
		<i>33339-9844</i>	<i>USA</i>

4. FEI Number	Applied For
<i>65-0922660</i>	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**6. Name and Address of Current Registered Agent**

**CASACCI, JOSEPH R ESQUIRE**  
**1000 SOUTH ANDREWS AVENUE**  
**FT. LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
Zip Code			
		<i>FL</i>	

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 \_\_\_\_\_ (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTI, STEPHEN J		NAME		
STREET ADDRESS	3164 LA MIRAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTI, JOHN C		NAME		
STREET ADDRESS	3164 LA MIRAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		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
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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]* **Steve Caputi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/00* **9546840121**  
Date Daytime Phone #

CR2E034 (9/99)