

Amended

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **99000056130**

1. Entity Name

Technology Outsource Group, Inc.

FILED

01 JUN -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

c/o William Russo
2100 Ponce De Leon Blvd
Suite 1178
Coral Gables, FL 33134

Mailing Address

William Russo
2100 Ponce De Leon Blvd
Suite 1178
Coral Gables, FL 33134

2. Principal Place of Business

2100 Ponce DeLeon Blvd.

3. Mailing Address

2100 Ponce DeLeon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH. 2

PH. 2

City & State

City & State

Coral Gables

Coral Gables

Zip

Zip

33134

33134

Country

Country

USA

USA

2001 AMENDED UBR

4. FEI Number

65-0970035

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Heckerling, Dale A.
9350 S. Dixie Highway
Suite 1550
Miami, FL 33156

Name

Ira B. Price

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

9100 S. Dadeland Blvd. #1701

City

Miami

FL

Zip Code

33156

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

Ira B. Price

June 4, 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	Dale A. Heckerling	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			9350 S. Dixie HWY., Suite 1550	
CITY-ST-ZIP			Miami, FL 33156	

TITLE	D/P/S/T	NAME	William Russo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2100 Ponce DeLeon Blvd., # 1178	
CITY-ST-ZIP			Coral Gables, FL 33134	

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

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

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

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

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William Russo

June 4, 2001 (305) 774-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)