

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000056680**

1. Entity Name

ALIENWARE TECHNOLOGY, INC.**FILED****Feb 21, 2000 8:00 am**
Secretary of State

02-21-2000 90035 027 ***150.00

Principal Place of Business

Mailing Address

**C/O MAX LANGEN
112 S. HIBISCUS ISLAND
MIAMI BEACH FL 33139****C/O MAX LANGEN
112 S. HIBISCUS ISLAND
MIAMI BEACH FL 33139-5130****U0023274**

DO NOT WRITE IN THIS SPACE

65-0700808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**LANGEN, MAX
112 S. HIBISCUS ISLAND
MIAMI BEACH FL 33139**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	GONZALEZ, NELSON	13398 SW 128 ST	MIAMI FL 33186	<input type="checkbox"/>
SD	ORGANVIDEZ, HUMBERTO	112 S. HIBISCUS DR	MIAMI BEACH FL 33139	<input type="checkbox"/>
VD	AGUILA, ALEX	13398 SW 128 ST	MIAMI FL 33186	<input type="checkbox"/>
VD	CABELLO, ERNESTO	112 S. HIBISCUS DR	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 11/2000 (305)259-4262