

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90045-036-\$550.00-\$550.00

DOCUMENT # P99000058921

1. Entity Name  
TECNISLA INTERNATIONAL CORPORATION

FILED

00 OCT 16 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7307 N.W. 79TH TERRACE  
MIAMI FL 33166

Mailing Address  
7307 N.W. 79TH TERRACE  
MIAMI FL 33166

2. Principal Place of Business  
100 BAYVIEW DR.

3. Mailing Address

Suite, Apt. #, etc.  
SUITE # 2020

City & State  
SUNNY ISLES FLORIDA

City & State  
FLOR.

Zip  
33160

Country  
USA

Zip

Country

4. FEI Number  Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, CARLOS J ESQ.  
200 S.E. 9TH STREET  
FORT LAUDERDALE FL 33316

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D VELASQUEZ, ANDRES 7307 N.W. 79TH TERRACE MIAMI FL 33168		

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: S. VELASQUEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP. 12/2000

Daytime Phone #

CR2E034 (5/00)