

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059835

1. Entity Name

I-GEN TECHNOLOGIES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 005 ***150.00

Principal Place of Business

Mailing Address

3985 S.W. 15TH STREET, #A307
POMPANO BEACH FL 33069

3985 S.W. 15TH STREET, #A307
POMPANO BEACH FL 33069-4941

2. Principal Place of Business

3. Mailing Address

1601 SW 5th St.

1601 SW 5th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0931364

Applied For

Not Applicable

Zip 33312

Country USA

Zip 33312

Country USA

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

MURPHY, MICHAEL
3985 S.W. 15TH STREET, #A307
POMPANO BEACH FL 33069

Name Michael Murphy

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

1601 SW 5th St.

City Ft. Lauderdale

FL

Zip Code 33312

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 *Michael Murphy*

(NOTE: Registered Agent signature required when reinstating)

4/2/00
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 MURPHY, MICHAEL ☐ Delete
NAME HY, MICHAEL
STREET ADDRESS 3985 S.W. 15TH STREET, #A307
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
NAME Michael Murphy
STREET ADDRESS 1601 SW 5th St.
CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)