

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-15-2000 90124 029 ***150.00

DOCUMENT # P99000063379

1. Entity Name

TODAY'S TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business

**2880 NORTH OAKLAND FOREST DRIVE
 SUITE 214
 OAKLAND PARK FL 33309**

Mailing Address

**2880 NORTH OAKLAND FOREST DRIVE
 SUITE 214
 OAKLAND PARK FL 33309-6423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650933955

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

~~**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**~~

Name

Richard L Shoemaker

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

**Richard L. Shoemaker, P.A.
 Certified Public Accountant
 612 NE 26th Street FL
 Wilton Manors FL 33365-1108**

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, which, if the State of Florida is the new registered office or agent, shall be filed with the Secretary of State.

SIGNATURE

Richard L Shoemaker

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-8-00

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

TITLE **PSTD** ☐ Delete
 NAME **POURMALEKI, KEVIN**
 STREET ADDRESS **2880 NORTH OAKLAND FOREST DRIVE SUITE 214**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 an office, like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2000
 Date

Daytime Phone #

CR2E034 :9/99