## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 20, 2001 8:00 am Secretary of State DOCUMENT # P99000072496 1. Entity Name 05-31-2001 90006 041 \*\*\*550.00 TECHNOLAP INTERNATIONAL, INC. Mailing Address Principal Place of Business 2999 NE 191 STREET 2999 NE 191 STREET SUITE 700 SUITE 700 **MIAMI FL 33180** MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address 999 Brickell ΔVe SAMe Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 508 City & State Applied For 4. FEI Number City & State 65-0940880 Not Applicable MIAMI 33131 Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOMINQUEZ, PAULA Street Address (P.O. Box Number is Not Acceptable) 2997 NE 191 ST **STE 700 MIAMI FL 33180** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (5/01)☐ Change ☐ Addition Delete **VPS** TITLE COMTE, GUILLERMO NAME NAME STREET ADDRESS STREET ADDRESS 2999 NE 191 ST STE 700 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** ☐ Addition TITLE ☐ Delete TITLE PAULO DOMINGUEZ 999 BRICKELL AVE, SUTE 508 NAME DOMINGUEZ, PAULA NAME STREET ADDRESS STREET ADDRESS 2999 NE 191 ST STE 700 MIAMI FL CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33180 Addition ☐ Change TITLE ☐ Delete TITLE Doninguez, carlos NAME NAME aga Brickell Ave, Suite sos STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM: EL. 33131 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 employered 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 of the risks empowered. of the corporation or the receiver or trustee em changed, or on an attachment with an address SIGNATAYA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



attachment 19900072496

Miami, Florida, august 13, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Dear Sirs,

We are mailing you the 2001 Uniform Business Report again but just in order to update the information of our company.

The file fee of \$ 550 has been already paid with check number 03391 dated on 5/28/01.

Cordially yours,

Paulo Dominguez

Director