

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000072496 1. Entity Name TECHNOLAP INTERNATIONAL, INC.			
Principal Place of Business 999 BRICKELL AVE SUITE 508 MIAMI, FL 33131		Mailing Address 999 BRICKELL AVE SUITE 508 MIAMI, FL 33131	
2. Principal Place of Business 12864 Biscayne Suite 363 MIAMI FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0940880		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINQUEZ, PAULO 999 BRICKELL AVE SUITE 508 MIAMI, FL 33131			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BISCAYNE 12864 City MIAMI FL Zip Code 33181			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when resigning)</small>			
FILE NOW!!! FEE IS \$160.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DOMINGUEZ, PAULO STREET ADDRESS 999 BRICKELL AVE SUITE 508 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE DOMINGUEZ Paulo NAME 12864 Biscayne North Miami STREET ADDRESS FL 33181 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME DOMINGUEZ, CARLOS STREET ADDRESS 999 BRICKELL AVE SUITE 508 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Paulo Dominguez</u> Vice Presidente <u>Carlos A. Dominguez</u> 4-30-2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

✓

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☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)