2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P99000085935 TECHNOTRADE OVERSEAS, INC. 01-20-2000 90239 001 ***150.00 Mailing Address Principal Place of Business % GIULIO STAIANO CPA % GIULIO STAIANO CPA 6466 NORTHWEST 5TH WAY 6466 NORTHWEST 5TH WAY VIVUV FORT LAUDERDALE FL 33309-6112 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Ac 343 ALMERIA AVENUE CORAL GABLES FL 33134 LAUDERDICE submits this stranger for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. Agent signature required when reinstating: FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🦖 🔑 720954462 Change Addition **PSTD** TITLE ☐ Delete TITLE ' NAME * VLAD, CATALIN NAME GTULZO STREET ADDRESS 6466 NORTHWEST 5TH WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP LAUSENDACE Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F 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-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 at true exemption of the corporation or the receiver at true exemption 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 at true exemption 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 at true exemption 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 at true exemption 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 at true exemption 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 at true exemption 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 at the information indicated in the information ind

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/12/00 |Date

Daytime Phone #

☐ Change

☐ Addition