## FILED 2003 FOR PROFIT CORPORATION Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P99000085935 **DOCUMENT #** 02-14-2003 90243 033 \*\*\*150.00 1. Entity Name TECHNOTRADE OVERSEAS, INC. Mailing Address Principal Place of Business % GIULIO STAIANO CPA % GIULIO STAIANO CPA 6466 NORTHWEST 5TH WAY 6466 NORTHWEST 5TH WAY FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -4. FEI Number 65-0950727 City & State Not Applicable City & State \$8.75 Additional Country 5. Certificate of Status Desired П Zip Fee Required Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STATANO. 6IULTO Staiano Street Address (P.O. Box Number is Not Acceptable) STATANO, GIULIO 6466 NW 5TH WAY FORT LAUDERDALE FL 33309 Zip Code City purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations (NOTE: Registered Agent signature required when reinstating) SIGNATUR e of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2F034 (10/02) ☐ Addition 10. TITLE ☐ Delete TITLE taiano NAME GIULIO, STATANO NAME STREET ADDRESS 6466 NORTHWEST 5TH WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 Addition CITY-ST-ZIP Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition Change CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME

12. Thereby certify that the information supplied with this filling 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 foror is true and fact after any signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the corporation of the receipt of t indicated on this report or supplement of the corporation or the received or true changed, or on an attached

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

Daytime Phone #