

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

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 002 ***558.75

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CR2E034B (12/01)

DOCUMENT # **P99000100404**
1. Entity Name

Converging Technologies, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1370 S. 6278 N. Fed.

Suite, Apt. #, etc.
#445

City & State
Ft. Lauderdale

Zip
33308

Country
USA

3. Mailing Address
6278 N. Federal Hwy

Suite, Apt. #, etc.
#445

City & State
Ft.

Zip
33308

Country
USA

4. FEI Number
65-0989426

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Robert Kuenzle

Street Address (P.O. Box Number is Not Acceptable)
1370 S. Ocean Blvd #503

City
Pompano Beach, FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Robert Kuenzle
1370 S. Ocean Blvd #503
Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 954-415-3005