

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90160 048 ***150.00

DOCUMENT # P99000106164

1. Entity Name

TRUE DIAL TECHNOLOGIES, INC.

Principal Place of Business

1300 SAWGRASS CORP PKWY
 SUITE #310
 SUNRISE FL 33323
 US

Mailing Address

1300 SAWGRASS CORP PKWY
 SUITE #310
 SUNRISE FL 33323
 US

2. Principal Place of Business

1580 Sawgrass corp pkwy

3. Mailing Address

1580 Sawgrass corp pkwy

Suite, Apt. #, etc.

Ste 310

Suite, Apt. #, etc.

Ste 310

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33323

Country

US

Zip

33323

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0983397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

1300 SAWGRASS CORP PKWY
 SUITE 310
 SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

LT Maurer

Street Address (P.O. Box Number is Not Acceptable)

1580 Sawgrass corp pkwy

Ste 310

City

Sunrise FL

FL

33323

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

3/7/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	AS	<input type="checkbox"/> Delete
NAME	HILL, KATHLEEN	
STREET ADDRESS	1406 HAYS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCK, ONG-ENG	
STREET ADDRESS	1300 SAWGRASS CORP. PKWY SUITE 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KIT-WONG, DEREK	
STREET ADDRESS	1300 SAWGRASS CORP PKWY, SUITE 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOONG, WILLIAM	
STREET ADDRESS	1300 SAWGRASS CORP PKWY., SUITE 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOWETTI, DANIEL	
STREET ADDRESS	1300 SAWGRASS CORP PKWY., SUITE 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, 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 #

3/7/02 954835 0086

CR2E034 (9/01)