## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000107079

## TECHNISOURCE HARDWARE, INC.

6.	Name and Address of Cu	rrent Registered Agent				
Zip	Country	Zip	Country			
City & State		City & State				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
1901 W. CYPRESS CREEK RD STE. 202  1. LAUDERDALE FL 33309  2. Principal Place of Business		3. Mailing Address	8			
		1901 W. CYPRESS CREEK RD STE. 202 FT. LAUDERDALE FL 33309				
Principal Place of B	usiness	Mailing Address				

## Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90065 048 \*\*\*150.00



Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	City & State	City & State		4. FEI Number			plied For		
ony a class			65-	0966531		No	t Applicable		
Zip Country	Zip	Country		5Certificate of Status Desired Fee F					
6. Name and Address of Curren	nt Registered Agent		7. Name an	d Address of New Registe	ered Ag	ent			
		Nam	e						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324									
		City			FL	Zip Code	3		
8. The above named entity submits this statement	for the purpose of changing i	ts registered offic	or registered agent, or b	oth, in the State of Florida.					
SIGNATURE Signal revibed or printed ranks and age	nt and title if applicable. (NC	OTE: Registered Agent si	gnature required when reinstating)		DATE		<del></del>		
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)	V!!! FEE IS \$1: 2000 Fee will be able to Departn	\$550.00	lection Campaign Financin- rust Fund Contribution.	g 🗆		May Be I to Fees			
11. OFFICERS AN	D DIRECTORS	12.	ADDITION	S/CHANGES TO OFFICERS	S AND E	DIRECTORS	S IN 11		
TITLE STATESTAN	☐ Delete	TITLE	Chief Exec	while Officer		☐ Change	Addition		
NAME	Delete	NAME	The Collar	D', CHANEMAN	of th	2 BOAN	21		
STREET ADDRESS		STREET ADDRE	SS ZOUD JASI	VINE TERRAC	<b>E</b>				
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BE	EACH FI BRUE	3				
					<u> </u>	Change	Addition		
TITLE	Delete	TITLE	PRESIDENT			Unango	7.100111011		
NAME -		NAME CTREET ADDRE	TOM HOSHI	SCEAN BLUD . 78	م نا ح	<u>ح</u>			
STREET ADDRESS		STREET ADDRE							
CITY-ST-ZIP		- CITY-ST-ZIP		BEDARE, FL 3					
TITLE	¯ ⊐1>~ ☐ Delete	TITLE	Chief-Oper	TING OFFICER D	reed	Change	Addition		
NAME Type .		NAME	JAMES Rob						
STREET ADDRESS		STREET ADDRE	SS 27 CAYUG	PAROAL_					
CITY-ST-ZIP		CITY-ST-ZIP	Ft LAUDE	RDATE, FL FL	<u>- 3</u>	<u> </u>			
TITLE	—— Delete	TITLE	Chief Finar	real Officer	ÆC.	Change	<b>△</b> Addition		
NAME	-	NAME	1 JOHN INDE	100					
STREET ADDRESS		STREET ADDRE	25   1 <b>1:400 1</b> 77H.	VERNON BRI	NE				
CITY-ST-ZIP		CITY-ST-ZIP	PLANSTAME	N. P. 33329	5				
TITLE		TITLE	DIRECTOR	F FINANCE/ASSA.	Sec	☐ Change	Addition		
NAME		NAME	MAJE NO	STOWN (ACT)			_		
STREET ADDRESS		STREET ADDRE	SS alph No 19	the Street					
CITY-ST-ZIP		CITY-ST-ZIP	MAN TON	5th Street No FL 3332					
			1411014110	IN FL DODG		☐ Change	Addition		
TITLE	☐ Delete	TITLE				- onange	Addition		
NAME		NAME							
STREET ADDRESS		STREET ADDRI	SS						
CITY-ST-ZIP		CITY-ST-ZIP							
<ol> <li>I hereby certify that the information supplied w indicated on this report or supplemental report</li> </ol>	ith this filing does not qualify t is true and accurate and that	for the exemption it my signature sh	stated in Section 119.07(3 all have the same legal efforts	3)(i), Florida Statutes. I furth ect as if made under oath; i	er certi that I ar	fy that the in an officer	nformation or director		