

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D99000109059** ✓

1. Entity Name

TECHNOLOGY VENTURES GROUP, INC

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90376 041 ***150.00

00055959

DO NOT WRITE IN THIS SPACE

Principal Place of Business 12400 SW 134th Court Suite # 11 Miami, Florida 33186		Mailing Address	
2. Principal Place of Business 12400 SW 134th Ct Suite, Apt. #, etc. Suite # 11		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami,		City & State	
Zip FL 33186	Country	Zip	Country
4. FEI Number 65-0972641		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name M Ivan A. JARRETT	
		Street Address (P.O. Box Number is Not Acceptable) 12400 SW 134th Court	
		Suite # 11	
		City Miami	Zip Code FL 33186

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  **M Ivan JARRETT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!! FEE IS \$150.00**
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT/DIRECTOR ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition
NAME M Ivan A. JARRETT	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition
STREET ADDRESS 12400 SW 134th Ct, #11	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP Miami, FL 33186	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Exec. Vice President/Director ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition
NAME THOMAS BROOKS	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition
STREET ADDRESS 506 Perugia Ave	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP Coral Gables, FL 33146	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VICE PRESIDENT/DIRECTOR ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition
NAME NELSON FLUCH	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition
STREET ADDRESS 6245 Woodbury Road	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP BOCA RATON, FL 33433	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition
NAME ☐ Delete	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition	NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Delete	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition	CITY-ST-ZIP ☐ Change ☐ Addition

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:  **M Ivan JARRETT** **4/26/01** **305 971 5370**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)