2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$73511** May 19, 2000 8:00 am Secretary of State TALLARD TECHNOLOGIES, INC. 05-19-2000 90180 041 ***158.75 Principal Place of Business Mailing Address 5201 BLUE LAGOON DRIVE 5201 BLUE LAGOON DRIVE STE 700 SSTE 700 MIAMI FL 33126 MIAMI FL 33126-2092 800961813. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0280193 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose M. Re1605a HERRERA, W A Street Address (P.B. Box Pumber is Not Acceptable) v E 5201 BLUE LAGOON DR **STE 700** SWITE 700 **MIAMI FL 33126** City MIANI Zip Code33126 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. Jose M. Reibasa, Vice-President SIGNATILIE FILE NOW!!! FEE IS \$150.00 tion is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, PD Addition ☐ Delete TITLE GONZALEZ, HUMBERTO J. NAME NAME 5201 BLUE LAGOON DR, STE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE EWERLOF, FREDRIK NAME STREET ADDRESS 5201 BLUE LAGOON DR. STE 700 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL VTS ☐ Change ☐ Addition TITLE TITLE HERRERA, WILLIAM A NAME NAME 5201 BLUE LAGOON DR, STE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LINDROTH, HANS NAME 5201 BLUE LAGOON DR, 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Addition ☐ Delete Change TITLE TITLE Jose M. Reibosa NAME 5201 BLUE LAGOON OR 316 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Date

Date

Description:

Date

Date