

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90089 039 ***158.75

DOCUMENT # S73511

1. Entity Name

TALLARD TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~5201 BLUE LAGOON DRIVE~~

~~5201 BLUE LAGOON DRIVE~~

~~STE 700~~

~~STE 700~~

MIAMI FL 33126

MIAMI FL 33126

US

US

2. Principal Place of Business

1935 N.W. 87th Avenue

3. Mailing Address

1935 N.W. 87th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33172

Country

Zip

33172

Country

4. FEI Number

65-0280193

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

REIGOSA, JOSE M

~~5201 BLUE LAGOON DR~~

~~STE 700~~

MIAMI FL 33126

Name

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

1935 N.W. 87th Avenue

City

FL

Zip Code

33172

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

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

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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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, HUMBERTO J.	
STREET ADDRESS	5201 BLUE LAGOON DR, STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	EWERLOF, FREDRIK	
STREET ADDRESS	5201 BLUE LAGOON DR, STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDROTH, HANS	
STREET ADDRESS	5201 BLUE LAGOON DR, 700	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REIGOSA, JOSE M	
STREET ADDRESS	5201 BLUE LAGOON DR, STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1935 N.W. 87th Avenue	
CITY-ST-ZIP		33172
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1935 N.W. 87th Avenue	
CITY-ST-ZIP		33172
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1935 N.W. 87th Avenue	
CITY-ST-ZIP		33172
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: *Jose M. Reigosa* **Jose M. Reigosa** **April 30, 2001** **(305) 925-8225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)