2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am \$ Secretary of State > DOCUMENT # S73511 1. Entity Name TALLARD TECHNOLOGIES, INC. Mailing Address Principal Place of Business 1935 NW 87TH AVE 1935 NW 87TH AVE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0280193 Not Applicable Zip 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 REIGOSA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 1935 NW 87TH AVE MIAM) FL 33172 Zip Code Fl 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE PD-☐ Delete TITLE GONZALEZ, HUMBERTO J. NAME NAME STREET ADDRESS 1935 NW 87TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Delete TITLE ☐ Change TITLE EWERLOF, FREDRIK NAME NAME STREET ADDRESS STREET ADDRESS 1935 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete TITLE ☐ Change Addition TITLE NAME LINDROTH, HANS STREET ADDRESS STREET ADDRESS 1935 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Delete TITLE ☐ Change Addition TITLE REIGOSA, JOSE M NAME NAME STREET ADDRESS STREET ADDRESS 1935 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change Addition ☐ Delete TITLE TITLE

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 bment with an address, with all other like empowered. changed, or on an attac

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition