

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90132 022 \*\*\*150.00

**DOCUMENT # V00603**

1. Entity Name  
**TECHNOSCIENCE, INC.**



Principal Place of Business  
**12651 SOUTH DIXIE HIGHWAY  
SUITE 308  
MIAMI FL 33156  
US**

Mailing Address  
**12651 SOUTH DIXIE HIGHWAY  
SUITE 308  
MIAMI FL 33156  
US**



2. Principal Place of Business

**65 Bay Heights Drive ← same**

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State

4. FEI Number  
**65-0298255**

Applied For  
Not Applicable

Zip  
**33133**

Country  
**USA**

Zip

Country

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

**ECHEVERRI, JUAN  
12651 SOUTH DIXIE HIGHWAY  
SUITE 308  
MIAMI FL 33156**

Name  
**ECHEVERRI Juan**

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

**65 Bay Heights Dr**

City  
**Mia** **FL** Zip Code  
**33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
**[Signature]**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ECHEVERRI, JUAN  
65 BAY HEIGHTS DRIVE  
MIAMI FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-03**

Date

Daytime Phone #

CR2E034 (10/02)