

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002920

1. Entity Name
22ND CENTURY TECHNOLOGIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90072 004 ***150.00

Principal Place of Business 621 SHREWSBURY AVENUE SHREWSBURY NJ 07702	Mailing Address 621 SHREWSBURY AVENUE SHREWSBURY NJ 07702-4153
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 167 AVENUE OF AT COMMONS	3. Mailing Address 167 AVENUE OF AT COMMONS
Suite, Apt. #, etc. SUITE # 11B	Suite, Apt. #, etc. SUITE # 11B
City & State SHREWSBURY, NJ	City & State SHREWSBURY, NJ

4. FEI Number **22-3502121** Applied For Not Applicable

Zip 07702-4805	Country USA	Zip 07702-4805	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SINGH, SATVINDER
4961 HAVERHILL COMM #29
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/25/2000**

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE PCD	<input type="checkbox"/> Delete
NAME SINGH, SATVINDER	
STREET ADDRESS 621 SHREWSBURY AVENUE	
CITY-ST-ZIP SHREWSBURY NJ	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGH SATVINDER	
STREET ADDRESS 167 AVENUE OF AT COMMONS, SUITE # 11B	
CITY-ST-ZIP SHREWSBURY, NJ 07702-4805	
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	
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: *[Signature]* DATE: **2/25/00** DAYTIME PHONE #: **7325427789**

CR2E034 (9/99)