2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90130 029 ***158.75

DOCUMENT # K40814

1. Entity Name

UNITECH, INC.

Principal Place of Business	Mailing Address
6278 N FEDERAL HWY #340 FT LAUDERDALE FL 33308 US	6278 N FEDERAL HWY #340 FT LAUDERDALE FL 33308-1916 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PMB 340	PMB 340
Suite, Apt. #, etc. 6278 N. FEDERAL HWY	Suite, Apt. #, etc. 6278 N. FEDERAL HWY
City & State FT LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33308 Country US	Zip 33308 Country US

4. FEI Number 65-0080753 ☐ 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
DIROCCO, RAYMOND M. 3601 W COMMERICAL BLVD STE #22 FT LAUDERDALE FL 33309	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, 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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BRIGUGLIO, TONY 6278 N FEDERAL HWY #340 FT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PMB 340 6278 N. FEDERAL HWY FT. LAUDERDALE, FL 33308
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
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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 REQUIRED 3/11/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)