

Amended

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


06-27-2003 90049 033 ***61.25
P02000062580

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062580

1. Entity Name
SUNTECH GROUP CORPORATION ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4811 NW 79 AVE		3. Mailing Address 4811 NW 79 AVE	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA

4. FEI Number
09-2677766

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name **LUISA UZCATEGUI**

Street Address (P.O. Box Number is Not Acceptable)
19370 COLLINS AVE # 1103

City **MIAMI** FL Zip Code **33160**

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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME	PRESIDENT ADHIR UZCATEGUI	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	4811 NW 79 AVE SUITE 2 MIAMI, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PRESIDENT ANGEL NAVARRO	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	4811 NW 79 AVE SUITE 2 MIAMI, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PRESIDENT REYNALDO NAVA	TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	4811 NW 79 AVE SUITE 2 MIAMI, FL 33166	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
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TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Adhir Uzcategui* 6/16/03 305-436-9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #