

2000 UNIFORM BUSINESS REPORT (UBR)

09-15-2000 90018 018 ***40875

DOCUMENT # P96000070891

1. Entity Name
COMTEC AMERICA, INC.

FILED

00 OCT -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business ~~12515 N. Kendall Dr.~~
Mailing Address ~~12515 N. Kendall Dr.~~

2. Principal Place of Business **12515 N. Kendall Dr.**
3. Mailing Address **- Same -**

City & State **Miami, FL.**

4. FEI Number **65-0743463**

Zip **33186** Country **US**

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

6. Name and Address of Current Registered Agent
GARCIA, CHRIS
~~12515 N. Kendall Dr.~~
~~Suite 304~~
~~Miami, FL 33186~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
12515 N. Kendall Drive
Suite 304
City **Miami** FL Zip Code **33186**

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]* DATE **9-13-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME DPS GARCIA, J	<input type="checkbox"/> Delete
STREET ADDRESS 2411 SW 35 PLACE APT 4	
CITY-ST-ZIP GAINESVILLE FL 32608	
TITLE NAME VPD GARCIA, CHRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12515 N. Kendall Dr.	
CITY-ST-ZIP MIAMI FL 33186	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12515 N. Kendall Drive	
CITY-ST-ZIP SUITE 304 MIAMI, FL 33186	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700003427947	
CITY-ST-ZIP -10/18/00--01002--013	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* SIGNATURE REQUIRED

DATE: **9-13-00** (301) 96-0200

CR 1034 (1/00)