

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058651

1. Entity Name
LIGHTING TECH. CO., INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90106 014 ***150.00

Principal Place of Business

Mailing Address

8500 SW 8TH STREET
SUITE 240
MIAMI FL 33175

8500 SW 8TH STREET
SUITE 240
MIAMI FL 33144-4002

2. Principal Place of Business

12950 SW 89 Avenue
Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33176 Country Dade

3. Mailing Address

12950 SW 89 Avenue
Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33176 Country Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0847103

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZA, ALFREDO
8500 SW 8TH STREET
SUITE 240
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name maza, Alfredo
Street Address (P.O. Box Number is Not Acceptable)
12950 SW 89 Avenue
City miami FL Zip Code 33176

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 *Alfredo Maza*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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: **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALFREDO, MAFA	
STREET ADDRESS	13949 2 W 52 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo maza	
STREET ADDRESS	12950 SW 89 Avenue	
CITY-ST-ZIP	MIAMI FL 33176	
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: *Alfredo Maza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 305-227-3060
Date Daytime Phone #

CR2E034 (9/99)