

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P99000051980

1. Entity Name  
Competition Technique, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
600 NE 36 ST

3. Mailing Address  
2131 CRAIS DR #

Suite, Apt. #, etc.  
# 1917

Suite, Apt. #, etc.  
# 9

City & State  
Miami, Fl.

City & State  
Miami Beach, Fl.

4. FEI Number  
65-0925775

Applied For  
 Not Applicable

Zip  
33137

Country  
USA

Zip  
33141

Country

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
CLAUDIA VELLOSO

Street Address (P.O. Box Number is Not Acceptable)  
600 NE 36 ST # 1917

City  
Miami

FL Zip Code  
33137

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 Claudia Velloso  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
STREET ADDRESS  
CITY - ST - ZIP  
Pres. Claudia Velloso  
600 NE 36 ST #1917, Miami, Fl. 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
09/23/02 90046 048 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Treasurer Christopher Lima  
600 NE 36 ST #1917, Miami, Fl. 33137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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 on an attachment with an address, with all other like information.

SIGNATURE: [Signature] Date: 10/20/02 Daytime Phone #: 786-290-2779