

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002399

1. Entity Name

BANTEK WEST, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90124 015 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10200 E. GIRARD AVE C-360 DENVER CO 80231 US	Mailing Address 10200 E. GIRARD AVE C-360 DENVER CO 80231 US
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2. Principal Place of Business 6130 Edgewater Dr. #B	3. Mailing Address
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City & State Orlando, FL	City & State
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Zip 32810	Country USA	Zip	Country
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4. FEI Number 84-1035002	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEVERINO, DOROTHY 515 WOODLAND STREET ORLANDO FL 32806	
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7. Name and Address of New Registered Agent	
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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUKOM, LEIF W		NAME		
STREET ADDRESS	11633 E. BERRY AVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUDOR, HAL B		NAME		
STREET ADDRESS	7372 SPRING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOULDER CO		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WICH, FREDERICK P JR.		NAME		
STREET ADDRESS	3135 THAYER STREET		STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60201		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ 4-27-00 303-376-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)