

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G16883

1. Entity Name

INFOTEK DISTRIBUTORS CORP.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90009 015 ***158.75

Principal Place of Business

Mailing Address

9100 S. DADELAND BLVD.
#410
MIAMI FL 33156

9100 S. DADELAND BLVD.
#410
MIAMI FL 33156-7815

B0017836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7370 N.W. 36 Street

3. Mailing Address

7370 N.W. 36 St.

Suite, Apt. #, etc.

335-A

Suite, Apt. #, etc.

335-A

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2248075

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DACOSTA, SYLVIA
2101 BRICKEL AVE. APT.217
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

MAX ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

7370 N.W. 36 Street

Suite 335-A

City

Miami

FL

Zip Code

33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/2000

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DACOSTA, SYLVIA	
STREET ADDRESS	2101 BRICKEL AVE., APT. 217	
CITY-ST-ZIP	MIAMI FL 33129	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAX ALVAREZ	
STREET ADDRESS	7370 N.W. 36 ST. SUITE 335-A	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VICE-PRESIDENT & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA A. ALVAREZ	
STREET ADDRESS	7370 N.W. 36 ST. SUITE 335-A	
CITY-ST-ZIP	MIAMI FL 33166	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

305 591-8637

Daytime Phone #