

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H44824**1. Entity Name  
**SONOTECH ULTRASONICS CORPORATION**

Principal Place of Business C/O NORKI HUERTAS & ASSOCIATES, P.A. 4343 W. FLAGLER ST., STE. 101 MIAMI FL 33134	Mailing Address C/O NORKI HUERTAS & ASSOCIATES, P.A. 4343 W. FLAGLER ST., STE. 101 MIAMI FL 33134
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**59-2544647**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HUERTAS NORKI**  
**4343 WEST FLAGLER ST STE 101**  
**STE. 301**  
**MIAMI FL 33133 US**Name  
**HUERTAS NORKI**  
Street Address (P.O. Box Number is Not Acceptable)  
**4343 WEST FLAGLER ST STE 101**  
**STE. 301**  
City  
**MIAMI FL** Zip Code  
**33134**

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 \_\_\_\_\_ **01/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DS ☐ Delete  
NAME **ARRUDA, IRIS J.**  
STREET ADDRESS **5757 COLLINS AVE # 1905**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE DS ☒ Change ☐ Addition  
NAME **ARRUDA, IRIS J.**  
STREET ADDRESS **5757 COLLINS AVE - APT. 1905**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE PT ☐ Delete  
NAME **ARRUDA, LINEU J.**  
STREET ADDRESS **5757 COLLINS AVE # 1905**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE PT ☒ Change ☐ Addition  
NAME **ARRUDA, LINEU J.**  
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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: LINEU J. ARRUDA****PT 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)