

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H44824

FILED  
Jan 15, 2002 8:00 AM  
Secretary of State

**Entity Name:** SONOTECH ULTRASONICS CORPORATION

**Current Principal Place of Business:**

C/O NORKI HUERTAS & ASSOCIATES, P.A.  
4343 W. FLAGLER ST., STE. 101  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NORKI HUERTAS & ASSOCIATES, P.A.  
4343 W. FLAGLER ST., STE. 101  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 59-2544647      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUERTAS, NORKI  
4343 WEST FLAGER ST STE 101  
STE. 301  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ARRUDA, LINEU J.,  
Address: 5757 COLLINS AVE - APT. 1905  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS ( ) Delete  
Name: ARRUDA, IRIS J.,  
Address: 5757 COLLINS AVE - APT. 1905  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINEU J ARRUDA

MR

01/15/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date