2002 UNIFORM BUSINESS REPORT (UBR)

Sep 16, 2002 8:00 am Secretary of State **DOCUMENT#** K22284 1. Entity Name 09-16-2002 90107 012 ***550 00 SOUTH TECH IMPORT & EXPORT, INC. Mailing Address Principal Place of Business 17710 S.W. 80 CT 17710 S.W. 80 CT MIAMI FL 33157 MIAMI FL 33157 ÙS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0047282 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARGAS, GONZALO H Street Address (P.O. Box Number is Not Acceptable) 17710 S.W. 80 CT MIAMI FL 33157 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ■ Addition ☐ Delete TITLE TITLE PRESIDENT VARGAS, GONZALO H NAME NAME VARGAS GONZALO H. 17710 S.W. 80 CT STREET ADDRESS STREET ADDRESS 17710 S.W. 80 CT. CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP MIAMI, FLORIDA 33157 Change ☐ Delete TITLE ■ Addition TITLE VICE PRESIDENT FLORES, GABRIELA NAME NAME JORGE SAUNERO STREET ADDRESS STREET ADDRESS 17710 S.W. 80 CT CALLE OBRAJES # CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 LA PAZ - BOLIVIA TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee

er like empowered

Date

tops not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

FILED