

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75755

1. Entity Name

A 1 MOBILE TECH, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90316 007 ***150.00

Principal Place of Business

12856 BISCAYNE BLVD
 NO MIAMI FL 33181
 US

Mailing Address

12856 BISCAYNE BLVD
 NO MIAMI FL 33181-2007
 US

2. Principal Place of Business

1999 NE 150 ST.

3. Mailing Address

1999 NE 150 ST.

Suite, Apt. #, etc.

SUITE #104

Suite, Apt. #, etc.

SUITE #104

City & State

N. MIAMI

City & State

N. MIAMI

Zip 33181

Country US

Zip 33181

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2951412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RIVADENEIRA, ERIC
 1320 N.E. 129 ST
 NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name LOLITA RIVADENEIRA

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

1320 NE 129 STREET

City NORTH MIAMI

FL

Zip Code 33161

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

E. Rivadeneira

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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 type="checkbox"/> Delete
NAME	RIVADENEIRA, ERIC	
STREET ADDRESS	1320 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
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	LOLITA RIVADENEIRA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOLITA RIVADENEIRA	
STREET ADDRESS	1320 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOLITA RIVADENEIRA	
STREET ADDRESS	1320 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
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:

E. Rivadeneira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

305-892-9293

Daytime Phone #

CR2E034 (9/99)