

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
 04-03-2000 90136 041 ***150.00

DOCUMENT # L57856

1. Entity Name

B/B TECH SALES, INC.

Principal Place of Business

Mailing Address

BRICKELL KEY DRIVE
#2110
MIAMI FL 33131
US

888 BRICKELL KEY DRIVE
#2110
MIAMI FL 33131-2669
US

2. Principal Place of Business

3. Mailing Address

15359 SW 46 LANE

15359 SW 46 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

65-0183699

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

PEREZ, ANTOLIN
888 BRICKELL KEY DRIVE
32110
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **YD** ☐ Delete
 NAME **PEREZ, ANTOLIN**
 STREET ADDRESS **888 BRICKELL KEY DR., #2110**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **YD** ☒ Change ☐ Addition
 NAME **PEREZ, ANTOLIN**
 STREET ADDRESS **15359 SW 46 LANE**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *ANTOLIN PEREZ*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/13/00
 Date

787-892-4261
 Daytime Phone #

CR2E034 (9/99)