

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # M31710

1. Entity Name

CARTEK INTERNATIONAL, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-07-2000 90083 013 ***150.00

Principal Place of Business	Mailing Address
2513 NW 74 AVE. MIAMI FL 33122 US	2513 NW 74 AVE. MIAMI FL 49001-9704 US

2. Principal Place of Business	3. Mailing Address
6950 EAST KILGORE RD. Suite, Apt. #, etc.	6950 EAST KILGORE RD. Suite, Apt. #, etc.

City & State KALAMAZOO, MI	City & State KALAMAZOO, MI
Zip 49001	Country USA

4. FEI Number 59-2668051	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BANCHS, EMILIO
16583 NW 83RD PLACE
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name EMILIO BANCHS
Street Address (P.O. Box Number is Not Acceptable) 6794 BRICKELTON COURT 10245 S.W. 139 PL
City PORTAGE MIAMI FL
Zip Code 33186

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCHS, EMILIO 16583 NW 83 PLACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANCHS, ALBERTINA 16583 NW 83 PLACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER EMILIO BANCHS 6794 BRICKELTON COURT PORTAGE, MI 49024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALBERTINA BANCHS 6794 BRICKELTON COURT PORTAGE, MI 49024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)