

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90234 044 \*\*\*558.75

0137929 AB

**DOCUMENT # M31710**  
 1. Entity Name  
**CARTEK INTERNATIONAL, INC.**

Principal Place of Business <b>6950 EAST KILGORE ROAD KALAMAZOO MI 49001 US</b>	Mailing Address <b>6950 EAST KILGORE ROAD KALAMAZOO MI 49001 US</b>
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2. Principal Place of Business <b>6950 EAST N AVE.</b>	3. Mailing Address <b>6950 EAST N AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>KALAMAZOO, MI</b>	City & State <b>KALAMAZOO, MI</b>
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Zip <b>49048</b>	Country <b>USA</b>	Zip <b>49048</b>	Country <b>USA</b>
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4. FEI Number <b>59-2668051</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BANCHS, EMILIO**  
**10245 SW 139 PLACE**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name  
**TATIANA HERRERA**

Street Address (P.O. Box Number is Not Acceptable)  
**19370 COLLINS AVE. APT. 1402**

City  
**SUNNY ISLES** FL Zip Code  
**33160**

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 *Tatiana Herrera*  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>GM</b> <b>BANCHS, EMILIO</b> <b>6794 BRICKELTON COURT</b> <b>PORTAGE MI 49024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BANCHS, ALBERTINA</b> <b>6794 BRICKELTON COURT</b> <b>PORTAGE MI 49024</b> <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	<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
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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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-01 / 616-382-5080  
Date Daytime Phone #

CR2E034 (5/01)