

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000016377

1. Entity Name  
**MAUTEC, CORP.**

FILED

02 JUN 13 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1500 SE 3rd COURT - SUITE #111  
DEERFIELD BEACH, FL 33441

Mailing Address  
1500 SE 3rd COURT - SUITE #111  
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEI Number

94-3366534

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

JUNQUEIRA, MAURICIO  
1500 SE 3rd COURT - SUITE #111  
DEERFIELD BEACH, FL 33441

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, 2002 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVSTD  
JUNQUEIRA, MAURICIO  
1500 SE 3rd COURT - SUITE #111  
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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800005910678  
-06/21/02--01074--007  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(l), 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 qualified 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

Date

Daytime Phone #