

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 047 ***150.00

DOCUMENT # PD00000028047

1. Entity Name

Business Technology Experts, Inc.

Principal Place of Business

8105 S.W. 21st CT
 Davie, FL 33324

Mailing Address

8105 S.W. 21st CT
 Davie, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0992240

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0063253

6. Name and Address of Current Registered Agent

South, Scott
 8105 SW 21st CT
 Davie, FL 33324

7. Name and Address of New Registered Agent

Name: Omara, Michael P.
 Street Address (P.O. Box Number is Not Acceptable):
 8105 SW 21st Court
 City: Davie FL Zip Code: 33324

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Michael P. Omara President/Chairman

4/25/01

(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, 2001 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	Delete
	D South, Scott	3801 S. Ocean DR	Hollywood, FL 33019	☒
	D Omara, Michael	8105 SW 21 st CT	Davie, FL 33324	☐
	D Penoyer, D. II	331 N.W. 151 st Ave	Pembroke Pines, FL 33028	☒
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/C	Omara, Michael P.	8105 SW 21 st CT	Davie, FL 33324	☒	☐
T/S	Omara, H. Ilegard	9719 N.W. 16 th CT	Pembroke Pines, FL 33024	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

Michael P. Omara Pres/Deut/Chairman

Date

Daytime Phone #

CR2E034 (11/00)