

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-18-2001 90009 045 ***150.00

DOCUMENT # P00000030113

1. Entity Name

INTEGRATED BUSINESS TECHNOLOGY, INC.

Principal Place of Business

**18900 N.E. 5TH AVE.
 MIAMI FL 33179**

Mailing Address

**18900 N.E. 5TH AVE.
 MIAMI FL 33179**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0997243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABREU, ELVIS

**18900 N.E. 5TH AVE.
 MIAMI FL 33179**

7. Name and Address of New Registered Agent

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 firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-01

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 **D** ☐ Delete
 NAME **ABREU, ELVIS**
 STREET ADDRESS **18900 N.E. 5TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **D** ☒ Delete
 NAME **MERCADO, ANGEL**
 STREET ADDRESS **18900 N.E. 5TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **PEDRO FIGUEROA**
 STREET ADDRESS **18900 N.E. 5TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33015**

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

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

305-249-0428

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Dec. # 977644
#00000030113

Florida Department of State
Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Ref: 2001 Uniform Business Report

In this note we are filing a petition to please accept our check of \$150.00 for the UBR,
Since we never received the previous report, might had gotten lost in the mail or so.

Please accept our apologies and our sincere regards.

Note: Any questions regarding this matter please call Pedro Figuereo or Elvis Abreu
At 305-249-0428.