2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-08-2003 90166 045 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:49

DOCUMENT # P00000032389

1. Entity Name

MECH-TECH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15640 SW 80 Street	9010 S.W. 137 AVE
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 113
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33193 Country: USA	Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995491 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FONSECA JOSE A

Street Address (P.O. Box Number is Not Acceptable): 15640 S.W. 80 STREET No.106

City: MIAMI FL Zip Code: 33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ JOSE ARTURO FONSECA 4/29/03

Signature, type/print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FONSECA JOSE A 15640 SW 80 ST #106 MIAMI F 33193
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE _____ JOSE ARTURO FONSECA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/29