

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90025 008 ***550.00

0142798 SP

DOCUMENT # P00000034040

1. Entity Name
 NU-TECH PRODUCTS, INC.

Principal Place of Business Mailing Address
 1685 KENNEDY CAUSEWAY 79TH STREET, #16-L 1685 KENNEDY CAUSEWAY 79TH STREET, #16-L
 MIAMI FL 33186 MIAMI FL 33186

A0083643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 15501 BRUCE B. DOWNS BLVD. SUITE 812 15501 BRUCE B. DOWNS BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 812 812
 City & State City & State
 TAMPA FL TAMPA FL
 Zip Country Zip Country
 33647 33647

4. FEI Number 592421799 Applied For
☒ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, RICHARD M
 1685 KENNEDY CAUSEWAY 79TH STREET, #16-L
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name RICHARD M. COHEN
 Street Address (P.O. Box Number is Not Acceptable) 15501 BRUCE B. DOWNS BLVD. SUITE 812
 City TAMPA FL Zip Code 33647

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 RICHARD M. COHEN RICHARD M. COHEN
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE 8-15-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	COHEN, RICHARD M	1685 KENNEDY CAUSEWAY 79TH STREET, #16-L	MIAMI FL 33186	<input type="checkbox"/>
D	COHEN, RICHARD M	1685 KENNEDY CAUSEWAY 79TH STREET, #16-L	MIAMI FL 33186	<input type="checkbox"/>
PVST	COHEN, RICHARD M	15501 BRUCE B. DOWNS BLVD SUITE 812	TAMPA, FL 33647	<input type="checkbox"/>
D	COHEN, RICHARD M	15501 BRUCE B. DOWNS BLVD SUITE 812	TAMPA, FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: RICHARD M. COHEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01

Date Daytime Phone #

CR2E034 (5/01)