

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90024 020 ***150.00

DOCUMENT # P00000038711

1. Entity Name
HARDTECH GROUP, CORP.

Principal Place of Business

**8025 NW 36 STREET
 SUITE 302
 MIAMI FL 33166**

Mailing Address

**8025 NW 36 STREET
 SUITE 302
 MIAMI FL 33166**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-1000538	Applied For <input type="checkbox"/> Not Applicable
Country	Zip	Country	Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORDERO, ALFONSO 8025 NW 36 STREET SUITE 302 MIAMI FL 33166		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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ANIBAL UCHA, PABLO	TITLE	
STREET ADDRESS	LARREA 2126 CHACRAS DE CORIA	NAME	
CITY-ST-ZIP	MENDOZA, ARGENTINA 5507	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	VTD PRIETO, EDMUNDO ANGEL	TITLE	
STREET ADDRESS	MAGALLANES 4120 VILLA NUEVA-GUAYMALLEN	NAME	
CITY-ST-ZIP	MENDOZA, ARGENTINA 5521	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of Director Lopez 4-01-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)