

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
 05-30-2001 90028 014 ***550.00

DOCUMENT # P000000044286

1. Entity Name

International TECH of Miami Inc.

Principal Place of Business

Mailing Address

7204 NW 84 Ave

Miami Fla. 33166-2334

A0071935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same 7204 NW 84 Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Fla.

4. FEI Number

05 1054215

Applied For

Not Applicable

Zip 33166-2334

Country

Dome

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Oscar Trejo
6282 NW 74 TRAIL
Parkland Fla 33067

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]

(NOTE: Registered Agent signature required when resigning)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GLORIA TREJO</u> <u>PRESIDENT</u> <u>6282 NW 74 TRAIL</u> <u>PARKLAND FLA.</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OSCAR TREJO</u> <u>SECRETARY</u> <u>6282 NW 74 TRAIL</u> <u>PARKLAND FLA.</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [Signature]

TOTAL P.02