

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90055 021 ***550.00

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DOCUMENT # P00000049094

1. Entity Name

DIGITRONIX TECHNOLOGY CONSULTANT, INC.



Principal Place of Business

**7303 NW 12TH ST
MIAMI FL 33126**

Mailing Address

**16100 NE 16AVE
MIAMI FL 33162**

2. Principal Place of Business

8351 NW 54ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

City & State

Zip

Country

33166

USA

Zip

Country

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USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0999704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIXSON, MARIN, DE SANTIS & COMPANY
16100 NE 16TH AVE STE B
NORTH MIAMI BEACH FL 33162**

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

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete

**D
OBENG, EMMANUEL TWUM
13025 NW 13TH STREET
PEMBROKE PINES FL 33028**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**D
OBENG, EMMANUEL TWUM
13025 NW 13TH STREET
PEMBROKE PINES FL 33028**

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2003

Date

Daytime Phone #

CR2E034 (4/03)