

AMENDED REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058453

1. Entity Name

PROTECTION TECHNOLOGIES CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6990 S.W. 8TH STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
SAME

Zip
33144

Country

Zip
SAME

Country

4. FEI Number
651019581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DAVID SHOPAY

Street Address (P.O. Box Number is Not Acceptable)

10145 N.W. 19TH STREET

City
MIAMI

FL

Zip Code
33172

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

6-4-03

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
D
David Shopay
10145 N.W. 19th Street, Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Alfredo Gasteazorn
10145 N.W. 19th Street, Miami, FL 33172

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

Date

Daytime Phone #

FILED

03 JUN -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000021279910
07/02/03--01071--033 **\$1.25

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CR2E034B (12/02)