

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90066 030 ***150.00

DOCUMENT # P00000062665

1. Entity Name

SECTOR WATCH CONSULTING, INC.

Principal Place of Business

**16450 SW 144 PLACE
 MIAMI FL 33177**

Mailing Address

**16450 SW 144 PLACE
 MIAMI FL 33177**

2. Principal Place of Business

1700 SW 16 ST

3. Mailing Address

1700 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1019369

Applied For

Not Applicable

Zip

33145

Country

DADE

Zip

33145

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LAKATIS, JOHN
 16450 SW 144PL
 MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name **JOHN LAKATIS**

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

1700 SW 16 ST

City

MIAMI

FL

Zip Code
33145

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

John Lakatis

JOHN LAKATIS

4/10/02

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2002 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

TITLE **D** ☐ Delete
 NAME **LAKATIS, JOHN**
 STREET ADDRESS **16450 SW 144 PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete
 NAME **LAKATIS, CARMEN**
 STREET ADDRESS **16450 SW 144 PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **LAKATIS JOHN**
 STREET ADDRESS **1700 SW 16 ST**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ Change ☐ Addition
 NAME **LAKATIS CARMEN**
 STREET ADDRESS **1700 SW 16 ST**
 CITY-ST-ZIP **MIAMI FL 33145**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

John Lakatis **JOHN LAKATIS**

4/10/02

305-542-3547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0282155
 AV

CR2E034 (9/01)