

2001 UNIFORM BUSINESS REPORT (UBR)

5/21/01-90360-0

FILED
Jul 17, 2001 8:00 am
Secretary of State

05-21-2001 90360 005 ***158.75

DOCUMENT # P00000065063			
1. Entity Name HALTEK GLOBAL CORPORATION			
Principal Place of Business 1851 NW 125 th AVE, SUITE 240B PEMBROKE PINES, FL 33028		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 65-1021773		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARK REID 1324 SABAL TRAIL WESTON, FL 33327		7. Name and Address of New Registered Agent Name: MARK REID Street Address (P.O. Box Number is Not Acceptable): 1324 SABAL TRAIL City: WESTON FL Zip Code: 33327	
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: <u>Mark Reid</u> <u>MARK REID (PRESIDENT)</u> DATE: <u>4/25/01</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)		10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: MARK REID STREET ADDRESS: 1324 SABAL TRAIL CITY-STATE-ZIP: WESTON, FL 33327	TITLE: Vice President / SECRETARY NAME: ORLANDO KING STREET ADDRESS: 800 NW 125th AVE CITY-STATE-ZIP: PLANTATION, FL 33325		
TITLE: DIRECTOR NAME: KEVIN REID STREET ADDRESS: 645 HERITAGE DR CITY-STATE-ZIP: WESTON, FL 33326			
TITLE: DIRECTOR NAME: MITSUO SEYAMA STREET ADDRESS: 8 EAST KINGS HOUSE ROAD, Apt A-7 CITY-STATE-ZIP: KINGSTON, JAMAICA			
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete			
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete			
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete			
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Delete			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 business 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: <u>Mark Reid</u> <u>MARK REID</u>		DATE: <u>4/25/01</u> (954) 322-2890	

CR02034 (11/00)