

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000069367**1. Entity Name
DOCU TECH INC.**Principal Place of Business**

2950 SW 189TH TERRACE

MIRAMAR
33029

FL

Mailing Address

2950 SW 189TH TERRACE

MIRAMAR
33029

FL

2. Principal Place of Business

4735 NW 72 AVE.

3. Mailing Address

4735 NW 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33166Country
USZip
33166Country
US**4. FEI Number****65-1029681**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MIAZOA JAIME
2950 SW 189TH TERRACEMIRAMAR
33029

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/20/2001

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**

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NICOLAS NAJIB	
STREET ADDRESS	10411 SW 108TH AVE APT D-151	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UGARTE JOSE V	
STREET ADDRESS	15850 SW 106TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIAZOA JAIME	
STREET ADDRESS	2950 SW 189TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAZOA JAIME A	
STREET ADDRESS	2950 SW 189 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAS NAJIB	
STREET ADDRESS	10411 SW 108 AVE. , D-151	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JAIME MIAZOA

VP

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)