

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90011 003 ***150.00

DOCUMENT # P00000070879

1. Entity Name

HURON TECH OF FLORIDA, INC.**968448**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2500 N. MILITARY TRAIL, SUITE 205
BOCA RATON FL 33431**2500 N. MILITARY TRAIL, SUITE 205**
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

1450 SW 10 Street
Suite, Apt. #, etc.
Suite 81450 SW 10 Street
Suite, Apt. #, etc.
Suite 8City & State
Delray Beach FL
Zip
33444
Country
USACity & State
Delray Beach FL
Zip
33444
Country
USA

4. FEI Number

65-1081901

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOCHET, STEPHEN L ESQ.
2500 N. MILITARY TRAIL, SUITE 205
BOCA RATON FL 33431

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	SHOCHET, STEPHEN L	2500 N. MILITARY TRAIL, SUITE 205 BOCA RATON FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Joseph C. Rosell	1450 SW 10 Street Suite 8 Delray Beach, FL 33444	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V4-10-01

V561-272-3200

CR2E034 (10/00)