

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079537

1. Entity Name

REVENUE TECHNOLOGY, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 017 ***550.00

0203616 AV

Principal Place of Business Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION C/O KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST 28TH FLOOR 100 SE 2ND ST 28TH FLOOR
MIAMI FL 33131 MIAMI FL 33131



2. Principal Place of Business 3. Mailing Address
8260 West Flagler St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1D
City & State City & State
MIAMI FL
Zip Country Zip Country
33144 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035855 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131

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)

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	DSC PT	<input type="checkbox"/> Delete
NAME	VERLEUR, JAN A	
STREET ADDRESS	8260 W. FLAGLER ST #1-D	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	MIGUEL CAMILO JR	
STREET ADDRESS	8260 W. FLAGLER ST #1-D	
CITY-ST-ZIP	MIAMI FL 33144	
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	PT DSC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERLEUR, JAN A	
STREET ADDRESS	PO Box 444	
CITY-ST-ZIP	MEDWAY ME 04460-0444	
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:

Signature **RESEARCH VERLEUR, President** 5/22/02 305-785-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)