

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000082797

1. Entity Name

HI-TECH GATES & ENTRY SYSTEMS, INC.



FILED

03 NOV 25 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6134 NW 178 TERR

Suite, Apt. #, etc.

3. Mailing Address
6134 NW 178 TERR

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33015

Country

City & State
MIAMI, FLORIDA

Zip
33015

Country

REINSTATEMENT

01-03 WOP

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name TONY BUTLER

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

6134 NW 178 TERR

City MIAMI

FL Zip Code
33015

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME (P/D) TONY BUTLER
STREET ADDRESS 6134 NW 178 TERR
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300025526093
12/16/09--01034--023 **900.00

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IN THIS SPACE**

12. 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 10 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 #

CR2ED34B (12/02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

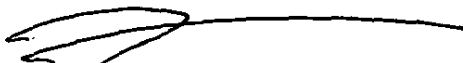
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I
HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I
INCORPORATED.

I AM TRYING TO DO A CLOSING AND REALIZED THAT MY COMPANY IS NOT
ACTIVE PLEASE WAIVE ANY LATE FESS THAT I MAY HAVE AND TO ACTIVATE
MY CORPORATION

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

A handwritten signature in black ink, consisting of a stylized 'T' followed by a horizontal line.

TONY BUTLER
PRESIDENT