

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090886

1. Entity Name
OC TEC CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90378 028 ***150.00

Principal Place of Business
5090 SW 94 WAY
COOPER CITY FL 33328

Mailing Address
5090 SW 94 WAY
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT A WHITE PA
5090 SW 94 WAY
COOPER CITY FL 33328

Name

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

City

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 State

10. 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
PD
CASTELLANOS, OSCAR
5090 SW 94 WAY
COOPER CITY FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
RODRIGUEZ, DAYAMI
5090 SW 94 WAY
COOPER CITY FL 33328 ☐ Delete

TITLE
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CITY - ST - ZIP
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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:

Oscar Castellanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 9542258688
Date Daytime Phone #

CR2E034 (10/00)