

5/11

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-15-2001 90126 025 ***150.00

DOCUMENT # P00000098261

1. Entity Name

INTOTECH INTERNATIONAL TRADING, INC.

Principal Place of Business

350 GOLFBROOK CIR. SUITE 108
LONGWOOD FL 32779

Mailing Address

350 GOLFBROOK CIR. SUITE 108
LONGWOOD FL 32779

2. Principal Place of Business

7 PLEASANT PLACE

3. Mailing Address

7 PLEASANT PLACE

Suite, Apt. #, etc.

CAPE TOWN, TOKAI

Suite, Apt. #, etc.

TOKAI, CAPE TOWN

City & State

WESTERN CAPE

City & State

WESTERN CAPE

Zip

7945

Country

SOUTH AFRICA

Zip

7945

Country

SOUTH AFRICA

6. Name and Address of Current Registered Agent

KOPSON, JOHN
 7300 W CAMINO REAL #126
 BOCA RATON FL 33433

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, 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 ☒ Delete
 NAME KAY, MICHAEL
 STREET ADDRESS 350 GOLFBROOK CIR, SUITE 108
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME MR W.F. GRIFFITHS
 STREET ADDRESS 7 PLEASANT PLACE, TOKAI, 7945
 CITY-ST-ZIP CAPE TOWN, SOUTH AFRICA

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

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

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

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

TITLE ☐ Change ☐ 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)(l), 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

04/20/01

Date

407-389-9110

Daytime Phone #

CR2E034 (10/00)