

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90068 013 ***150.00

DOCUMENT # P01000001998

1. Entity Name
NATIONAL TECHNOLOGIES IMPORT-EXPORT CORP.



Principal Place of Business
**5620 N.W. 79TH AVENUE
MIAMI FL 33166**

Mailing Address
**5620 N.W. 79TH AVENUE
MIAMI FL 33166**



2. Principal Place of Business

7901 NW 66 street

Suite, Apt. #, etc.

3. Mailing Address

7901 NW 66 street

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-1064544

Applied For

Not Applicable

Zip

33166

Country

Dade US.

Zip

33166

Country

D. - U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARREDONDO, JUAN D
5620 N.W. 79TH AVENUE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Juan D. Arredondo**

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

7901 NW 66 street

City **Miami**

FL

Zip Code
33166

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)

1/9/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **ARREDONDO, JUAN D**
STREET ADDRESS **5620 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

305 470 8008

Daytime Phone #

CR2E034 (10/02)