

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 006 ***150.00

DOCUMENT # P01000002778

1. Entity Name
AUDITECA, INC.

Principal Place of Business
5116 S.W. 149TH PLACE
MIAMI FL 33185

Mailing Address
C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, STE. 507
MIAMI FL 33131

641645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5116 S.W. 149 Place
 Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip Country

Zip Country
33185 U.S.A.

4. FEI Number
65-1127890

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
JAVIER GONZALEZ
 Street Address (P.O. Box Number is Not Acceptable)
5116 S.W. 149 Place
 City
MIAMI FL Zip Code
33185

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 *Jgonzalez*
 Signature, type or printed name of registered agent and title, if applicable

JAVIER GONZALEZ, REGISTERED AGENT

03-07-02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **EX**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JAVIER 5115 S.W. 149TH PLACE MIAMI FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jgonzalez* **03-07-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAVIER GONZALEZ, PRESIDENT**

Daytime Phone #

CR2E034 (9/01)