

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-09-2002 90011 004 ***150.00

DOCUMENT # P010000430661. Entity Name
THE SOUTH TECH GROUP, CO.Principal Place of Business
**240 CRANDON BLVD SUITE 232
KEY BISCAYNE FL 33149**Mailing Address
**240 CRANDON BLVD SUITE 232
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 CRANDON BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

232

Suite, Apt. #, etc.

City & State

City & State

KEY BISCAYNE, FL.

Zip

Zip

Country

Country

33149**U.S.A**

4. FEI Number

65-0445997

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIBOLINI, GIORGIO**240 CRANDON BLVD SUITE 232****KEY BISCAYNE FL 33149**

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

GIORGIO BIBOLINI PRESIDENT

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BIBOLINI, GIORGIO 240 CRANDON BLVD SUITE 232 KEY BISCAYNE FL 33149	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED BIBOLINI (PRES.) **1/5/02** **305-365-7278**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)