

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90111 012 ***150.00

DOCUMENT # P01000061965

1. Entity Name
BIO-TECH USA, CORP.

Principal Place of Business

18296 MEWDITERRANEAN BLVD. #403
MIAMI FL 33015-6

Mailing Address

18296 MEWDITERRANEAN BLVD. #403
MIAMI FL 33015-6

2. Principal Place of Business

18296 MEWDITERRANEAN BLVD. #403

3. Mailing Address

PO BOX 171514

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

MIAMI FL 33017

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33015

Country

USA

Zip

33017

Country

USA

4. FEI Number

65-1114948

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VASQUEZ, JUAN I

18296 MEWDITERRANEAN BLVD. #403
MIAMI FL 33015-6

7. Name and Address of New Registered Agent

Name

18296 MEWDITERRANEAN BLVD. #403

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

JUAN JUAN VASQUEZ

City

MIAMI

FL

Zip Code

33015

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

04-22-02

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

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **VASQUEZ, JUAN I**
CITY-ST-ZIP **18296 MEWDITERRANEAN BLVD. #403**
MIAMI FL 33015-6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-2002 7869429693

CR2E034 (9/01)