

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90476 042 \*\*\*150.00

**DOCUMENT # P01000062661**

1. Entity Name  
**FORTEC MIAMI, INC.**



Principal Place of Business  
**2075 WEST 62ND STREET  
HIALEAH FL 33016**

Mailing Address  
**2075 WEST 62ND STREET  
HIALEAH FL 33016**

II 65-1146627



2. Principal Place of Business

3. Mailing Address

**145 TULIP TREE TRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ROSWELL, GEORGIA**

4. FEL Number **65-1131022**

Applied For

Not Applicable

Zip

Country

Zip

Country

**30075**

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

**MEYER, MATT  
2075 WEST 62ND STREET  
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MATT MEYER, BRANCH MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ULBER, ANDREAS**  
STREET ADDRESS **145 TULIP TREE TRACE**  
CITY-ST-ZIP **ROSWELL GA 30075**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
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 ANDREAS ULBER, PRESIDENT 01/21/03 (404) 391-0142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0163840 AV

CR2E034 (10/02)