

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 036 ***158.75

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

DOCUMENT # P01000071801

1. Entity Name
HITECON INTERNATIONAL SERVICE CORP.

Principal Place of Business
**10268 NW 56 STREET
MIAMI, FL 33178**

Mailing Address
**10268 NW 56 STREET
MIAMI, FL 33178**

11040115

2. Principal Place of Business
6355 NW 36 ST,

3. Mailing Address **6355 NW 36 ST,**

Suite, Apt. #, etc. **Suite 507**

Suite, Apt. #, etc. **Suite 507**

☐ CHECK HERE IF MAKING CHANGES

City & State **Miami, FL**

City & State **Miami, FL**

4. FEI Number **01-0634073**

Applied For
☐ Not Applicable

Zip **33166** Country

Zip **33166** Country

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

6. Name and Address of Current Registered Agent

**VARGAS, JAIRO
10268 NW 56 STREET
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name **VARGAS, JAIRO**
Street Address (P.O. Box) **6355 NW 36 ST, Suite 507**
City **Miami, FL** Zip **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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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 **VARGAS, JAIRO**
STREET ADDRESS **10268 NW 56 STREET**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **VARGAS, JAIRO**
STREET ADDRESS **6355 NW 36 ST, Suite 507**
CITY-ST-ZIP **Miami, FL 33166**

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 - 305 871 4161

Date

Daytime Phone #

CR2E034 (10/02)