## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P01000080421 1. Entity Name 08-26-2002 90050 004 \*\*\*150.00 INFORMATION TECHNOLOGY EXCHANGE, INC. Principal Place of Business Mailing Address R0135297 4738 NW 107 AVE. STE 1203 4738 NW 107 AVE, STE 1203 MIAM! FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 4931 5W 161 4931 SW Avenue Avenue 161 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miramar FL Miramar <u>65 1</u>13 4361 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3302<u>7</u> USA 3027 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, RONALD G Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD, STE 201 CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing\_requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME MONTOYA, ANTONIO Montoya, Antonio NAME 4738 NW 107 AVE, STE 1203 STREET ADDRESS 4931 SW 161 Avenue STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-7IP Miramar, FL 33027 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment

REQUIRED

other like empowered.

**FILED** 





August 21st, 2002

Florida Department of State **DIVISION OF CORPORATIONS** P.O. Box 6327 Tallahassee, Florida 32314

I would like to inform that we did not receive prior notification to our 60 days notice for our 2002 Uniform Business Report.

Hence, and as per the instructions in your notice, we are enclosing a check for \$150 to cover for our annual report and supplemental corporate fees.

Sincerely,

Antonio Montoya

Director