


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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91191 024 \*\*\*150.00

DOCUMENT # <b>P01000099613</b>	
1. Entity Name <b>MICROTECHCOL, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**20031627**

2. Principal Place of Business <b>9272 S.W. 149 AVE</b>	3. Mailing Address <b>9272 S.W. 149 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEI Number <b>65-1141367</b>	Applied For <input type="checkbox"/>
Zip <b>33196</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>LUIS F. MORENO</b>
Street Address (P.O. Box Number is Not Acceptable) <b>9272 S W 149 AVE</b>
City <b>MIAMI</b>
State <b>FL</b>
Zip Code <b>33196</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT</b>	NAME <b>LUIS F. MORENO</b>	TITLE	NAME
STREET ADDRESS <b>9272 S.W. 149 AVE</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>MIAMI, FL 33196</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03 3053877866**  
Date Daytime Phone #

CR2E034B (12/02)