

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 018 ***150.00

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

DOCUMENT # P01000109833

1. Entity Name
ONETECK SOFTWARE SOLUTIONS, INC.



Principal Place of Business
**17240 NW 64TH AVE #102
MIAMI LAKES, FL 33015-6302**

Mailing Address
**17240 NW 64TH AVE #102
MIAMI LAKES, FL 33015-6302**

2. Principal Place of Business
13218 SW 54 Court
Suite, Apt. #, etc.

3. Mailing Address
13218 SW 54 Court
Suite, Apt. #, etc.

City & State
Miramar, FL

City & State
Miramar, FL

4. FEI Number
01-0555889

Applied For
☐ Not Applicable

Zip
33027

Country

Zip
33027

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, HECTOR L
17240 NW 64TH AVE #102
MIAMI LAKES, FL 33015-6302**

Name
Street Address (P.O. Box Number is Not Acceptable)
13218 SW 54 Court
City **Miramar** FL Zip Code **33027**

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)

4/5/03

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURAN, HECTOR L
17240 NW 64TH AVE #102
MIAMI LAKES, FL 330156302** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13218 SW 54 Ct.
Miramar, FL. 33027** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03

DATE

305-519-0013

DAYTIME PHONE #

CR2EC034 (10/02)