2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90758 045 ***150.00

DOCUMENT # P02000072023

1. Entity Name
ALL TECH PRODUCTS, CORP

Principal Place of Business	Mailing Address
8205 NW 66TH ST Miami Fl 33166	8205 NW 66TH ST Miami Fl 33166

2. Principal Place of Business	3. Mailing Address
7105 SW 8 ST	7105 SW 8 ST
Suite, Apt. #, etc.: 309	Suite, Apt. #, etc.: 309
City & State: Miami Fl	City & State: Miami Fl
Zip: 33144 Country:	Zip: 33144 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0656473 ☐ Applied For ☐ Not Applic

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
SANCHEZ LUIS 8205 NW 66 ST Miami Fl 33166	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 acc 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

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 Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, LUIS 8205 NW 66 ST Miami Fl 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad 13811 SW 149 Circle LN #4 Miami Fl 33186	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S MARTHA V. SANCHEZ 13811 SW 149 CIRCLE LN #4 MIAMI Fl 33186	☐ Change ☒ Ac
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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 informa 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis Sanchez Luis Sanchez 4/28/03 (305)226-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #