

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 033 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022475

1. Entity Name
AMERICAN DEPROTEC CORPORATION



Principal Place of Business
132 SANDPIPER RIDGE
ORLANDO FL 32855

Mailing Address
132 SANDPIPER RIDGE
ORLANDO FL 32855

55045893



2. Principal Place of Business
7852 MURCOTT CIR.
Suite, Apt. #, etc.

3. Mailing Address
7852 MURCOTT CIR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
04-3611110

☒ Applied For
☐ Not Applicable

Zip
32835

Country
USA

Zip
32835

Country
USA

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

BERMUDEZ, SILVIA
132 SANDPIPER RIDGE
ORLANDO FL 32855

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SILVIA BERMUDEZ

(NOTE: Registered Agent signature required when reinstating)

04/28/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SILVIA BERMUDEZ
7852 MURCOTT CIR.
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARIA E. BERMUDEZ
7852 MURCOTT CIR.
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
YARITZ PARRA
7852 MURCOTT CIR.
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MANUEL MIRANDA
7852 MURCOTT CIR.
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 with all other like empowered.

SIGNATURE: X REQUIRE SILVIA BERMUDEZ

04/28/03

407 9334160
321 212281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)