2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90276 017 ***150.00

1. Entity Name GORO-TECH, INC.	PU2000035707	
Principal Place of Business	Mailing Address	
134 GABLES BLVD .	134 GABLES BLVD	

WESTON FL	33326		WE	STON FL 33326									
								1 1881 1882 171 2010 1101 6011) 8411 8611					
2. Principal Place of Business 3. Mailing Address 16340 500th Post Rd 16340 600th 1			D /	2 / 2 /		1 LEGITEDS IN COLLE 19811 DAILS 00171 00171	43143 II)#I	1 1111 18 1 11 1	*****				
16340	South	Post Kd	16.	340 600th	Post	Kd.							
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES									
304			30	•									
City & State City & St							4. FEI Number Applied Fo.						
We610	1 FL				_			50-0003930 Not App					
Zip 3333 /	,	Country USA	Zip	3331	Country	54	5.	Certificate of Status Desired		75 Addi Required			
	6. Name	and Address of Current I	legister	ed Agent 🏎 🗻 -	= نید خو	~ 2 % * 0	7.∈	7Name and Address of New Registered Agent					
					1	Name							
RODRIGUEZ, ADRIANA			-	Street Address (P.O. Box Number is Not Acceptable)									
134 GAB	LES BLVD					Street Address (P.O. Box Number is Not Acceptable)							
WESTON FL 33326				-									
					<u> </u>	City				Zin Carla			
					'	ыу		٠	=L ²	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										ind accept			
the obligati	ions of regist	ered agent.									}		
O'ON THE S	,												
SIGNATURE 2	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOTE	: Registered Age	ent signature re	quired when re	einstating) DA	TE				
)E1	Î E NOWII	FEE IS \$150.00		1				Ţ					
#FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing			May Be				
Make Check Payable to Florida Department of State						Trust Fund Contribution.	Ш	Added	to Fees				
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE	Р			☐ Delete	TITLE	1 2	7			Change	Addition		
NAME	•	IEZ, GERMAN		CAC Delete	NAME		ODEIA	GUEZ, GERMAN 60 oth Post Rd	L/AI \	Jilungo			
STREET ADDRESS		LES BLVD			STREET AL	ODRESS /	6340	South Post Rd					
CITY-ST-ZIP		FL 33326			CITY-ST-	ZIP L	Unsta	n, FL 33331			Í		
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NAME	•	iez, adriana		CHO Delete	NAME		ODZIG	UEZ, ADRIANA	COI (Mange	C) Addition		
STREET ADDRESS		LES BLVD	•		STREET A	DDRESS /	6340	Gouth Post Rd			ľ		
CITY-ST-ZIP		FL 33326			CITY-ST-	ZIP #	Jestor	1, FL 3333/					
TITLE				☐ Delete	TITLE	- ^	,			Change	Addition		
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NAME				E Delete	NAME					manye	☐ MOULIUII		
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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 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. 349-0791

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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SIGNATURE:

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954 423 1845

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