

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90062 003 ***150.00

DOCUMENT # P03000004673

1. Entity Name

URI-TECH CORPORATION



Principal Place of Business

2140 W 68TH STREET SUITE 406
HIALEAH FL 33016

Mailing Address

2140 W 68TH STREET SUITE 406
HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #

2243 WEST 80TH ST.

3. Mailing Address

Suite, Apt. #, etc.

BA9-J

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

Zip

33016

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

35-2214280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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: P
NAME: FERNANDEZ, BENIDECTO DR.
STREET ADDRESS: 2140 W 68TH STREET SUITE 406
CITY- ST- ZIP: HIALEAH FL 33016 ☐ Delete

TITLE: VP
NAME: DELGADO, MARIBEL
STREET ADDRESS: 2140 W. 68 STREET SUITE 406
CITY- ST- ZIP: HIALEAH FL 33016 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
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CITY- ST- ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 (207) 362-5194
Date: Daytime Phone #