

• 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90001 016 \*\*\*150.00

DOCUMENT # P93000057972 (0)

1. Entity Name

High Tech Trade, Inc.

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| Principal Place of Business            | Mailing Address                        |
| 2950 Tamiami Trail<br>Naples Fl. 34103 | 2950 Tamiami Trail<br>Naples Fl. 34103 |

553335

|                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|
| 2. Principal Place of Business                        | 3. Mailing Address                                    |
| 2180 Immokalee Rd<br>Suite, Apt. #, etc.<br>Suite 201 | 2180 Immokalee Rd<br>Suite, Apt. #, etc.<br>Suite 201 |

DO NOT WRITE IN THIS SPACE

|                             |                           |                                                           |                                |
|-----------------------------|---------------------------|-----------------------------------------------------------|--------------------------------|
| City & State<br>Naples, Fl. | City & State<br>Naples Fl | 4. FEI Number<br>65-0436417                               | Applied For<br>Not Applicable  |
| Zip<br>34110                | Country<br>Collier        | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                            |                                                                                                                                                       |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent                            | 7. Name and Address of New Registered Agent                                                                                                           |
| Matthew Miller<br>2950 Tamiami Trail<br>Suite 16 & 17<br>Naples, Fl. 34103 | Name<br>Matthew Miller<br>Street Address (P.O. Box Number is Not Acceptable)<br>2180 Immokalee Rd<br>Suite 201<br>City<br>Naples FL Zip Code<br>34110 |

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

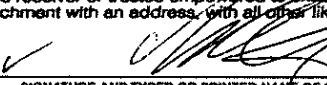
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!!**  
 After MAY 1, 2001  
 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |                                                                                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>Altwater, Ulrich<br>2950 Tamiami Trail<br>Naples, Fl. 34110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>Altwater, Ulrich<br>2180 Immokalee Rd<br>Naples, Fl. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Schreiber, Bernd<br>2950 Tamiami Trail<br>Naples Fl. 34110 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Schreiber, Bernd<br>2180 Immokalee Rd<br>Naples, Fl. 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Ulrich Altwater 4/27/01 741-5967313  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)