2000 UNIFORM BUSINESS REPORT (UBR)

2/2/00-90007-032-$150.00-$150.00

DOCUMENT # P93000066041

1. Entity Name

RADTECH, INC.

Principal Place of Business	Mailing Address
5570 NW 84TH AVE MIAMI FL 33166	5570 NW 84TH AVE MIAMI FL 33122-1027

2. Principal Place of Business 3525 NW 82 Ave
Suite, Apt. #, etc.

3. Mailing Address 3525 NW 82 Ave
Suite, Apt. #, etc.

City & State MIAMI - FL
Zip 33122 Country USA

City & State MIAMI FI
Zip 33122 Country USA

4. FEI Number 65-0437572 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, FERNANDO
14631 BALGOWAN RD #203
MIAMI FL 33016

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.

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!!! FEE IS $150.00
After MAY 1, 2000 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 D NAME KASSIN, MARCELA STREET ADDRESS 9200 SW 105 ST CITY-ST-ZIP MIAMI FL 33176	☐ Delete		TITLE President NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME KASSIN, SALOMON STREET ADDRESS 9200 SW 105 ST CITY-ST-ZIP MIAMI FL 33176	☐ Delete		TITLE Vice President NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME KASSIN VIVIANNE STREET ADDRESS 9200 S.W 105 ST CITY-ST-ZIP MIAMI - Fl 33176	☑ Delete		TITLE Treasurer NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/99)

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13. 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 11 or Block 12 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

02/01/00 Date

305 4999902 Daytime Phone #