

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066264

1. Entity Name

HI - TECH TRAFFIC CONTROL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90141 049 ***150.00

Principal Place of Business
9316 COLLINS AVE
SURFSIDE FL 33154
US

Mailing Address
9316 COLLINS AVE
SURFSIDE FL 33154-2688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0441937

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~ORTIZ, HUMBERTO~~
~~9316 COLLINS AVE~~
~~SURFSIDE FL 33154~~

Name
Richard F Kondla
Street Address (P.O. Box Number is Not Acceptable)
9555 Kendall Drive
Suite 201
City Miami FL Zip Code 33176

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  Richard F Kondla 4-28-2000
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 P ☐ Delete
NAME ORTIZ, HUMBERTO
STREET ADDRESS 9316 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL 33154

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

TITLE ~~ORTIZ, LINDA~~ ☒ Delete
NAME
STREET ADDRESS ~~9316 COLLINS AVE~~
CITY-ST-ZIP ~~SURFSIDE FL 33154~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4/28/2000 3058194060
Date Daytime Phone #

CR2E034 (9/99)