2002 Uniform Business Report (UBR)

SIGNATURE:

MANASTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2002 8:00 am Secretary of State P93000069227 DOCUMENT # 1. Entity Name 04-07-2002 90074 019 ***150.00 DESIGN TECH INTERNATIONAL INC Principal Place of Business Mailing Address 8250 NW 27TH ST 8250 NW 27TH ST R0059782 SUITE 301 SUITE 301 MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0448236 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIZARRO, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 8250 NW 27TH ST SUITE 301 MIAMI FL 33122 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PIZARRO, CARLOS A NAME NAME 8250 NW 27 ST 301 STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE VΡ NAME CHAVIANO, GERMAN A NAME STREET ADDRESS STREET ADDRESS 8250 NW 27 ST 301 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☐ Addition TITLE Delete TITLE NAME TROXELL, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 8250 NW 27TH STREET #301 CITY-ST-78P CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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 trusted 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 life empowered.