

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90247 033 ***150.00

DOCUMENT # P93000070925

1. Entity Name
INJECTION TECHNICAL CONTROL ITC, INC.

Principal Place of Business

**8092 NW 67 ST.
 MIAMI FL 33166**

Mailing Address

**8092 NW 67 ST.
 MIAMI FL 33166**

2. Principal Place of Business

P.O. Box # 227336

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box # 227336

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122-7336

Country

USA

Zip

33122-7336

Country

USA

4. FEI Number

65-0448319

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESONE, ALBERTO

8092 NW 67 ST.

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ALBERTO TESONE

Street Address (P.O. Box Number is Not Acceptable)

2225 NW 97 AVE.

City

MIAMI

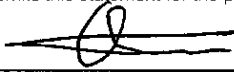
FL

Zip Code

33172

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



4/27/02.

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **SEGURA, JOSE**
 STREET ADDRESS **8092 NW 67 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DS** ☐ Delete
 NAME **PLANAS, ANTON**
 STREET ADDRESS **8092 NW 67 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DT** ☐ Delete
 NAME **GOMEZ, ISIDRO**
 STREET ADDRESS **8092 NW 67 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
 NAME **ROCA VILASECA, JOSE**
 STREET ADDRESS **8092 NW 67 ST.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box # 227336**
 CITY-ST-ZIP **MIAMI, FL. 33122-7336**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **P.O. Box # 227336**
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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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02. 305.999-3781

Date

Daytime Phone #

CR2E034 (9/01)