## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000002021 (1)

UNITEK INTERNATIONAL TRADE, INC.

Principal Place of Business Mailing Address 2000 NE 22ND RD 2000 NE 122ND RD SUITE 100 SUITE 1000 DO NOT WRITE IN THIS SPACE N. MIAMI FL 33181 NORTH MIAMI FL 33181-2942 3. Date Incorporated or Qualified 01/10/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0245041 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHANO, EDWARD S 2000 NE 122ND RD 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE PD SCHANO, EDWARD S 1.2 NAME NAME 2000 NE 122ND RD STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP \_\_\_ DEL ETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAM6 **STREET ADDRESS** 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

14. Thereby 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address. CONSCAUND FILOR SOFRALISM

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

☐ Change

Change

Addition

Addition

**FILED** 

May 14 1998 8:00am

Secretary of State