

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90556 004 ***150.00

1. Entity Name
FULL TECH. INC.

8895 FONTAINEBLAU BLVD.
#409
MIAMI FL 33172
US

8895 FONTAINEBLAU BLVD.
#409
MIAMI FL 33172
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

PINTO, ANTONIO
8895 FONTAINEBLEAU BLVD.
#409
MIAMI FL 33172

Name _____

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

City

FI

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, 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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P/D	<input type="checkbox"/> Delete
NAME	PINTO, ANTONIO	
STREET ADDRESS	8895 FONTAINEBLEAU BLVD., #409	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE	.	<input type="checkbox"/> Delete
NAME	.	
STREET ADDRESS	.	
CITY-ST-ZIP	.	

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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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, as applicable, of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANTONIA PINTO
PRESIDENT

4-24-2002 305-226-2541

Date _____ Daytime Phone # _____