## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P94000019301

1. Entity Name

FILED Mar 05, 2001 8:00 am Secretary of State

ADVANCED TECH INDUSTRIES, INC.							03-05-2001 90003 030 ***150.00					
Principal Place of Business			Mailing Address									
7441 N.W. 8TH ST UNIT J MIAMI FL 33126			7441 N.W. 8TH ST UNIT J MIAMI FL 33126			)   						
2. Principal F	Place of Business	<del> ,</del>	3. Mailing Address									
Suite, Apt. #, etc.  City & State								<b>i ib</b> iii <b>bib</b> ii <b>be</b> ik <b>d</b> i	1461 <b>40</b> 661 <b>00</b> 101	41070 10100 7011 D	L!O     <del>  </del>     0	
			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
			City & State			4. 1	4. FEI Number 65-0477116 Applied I Not Appli				pplied For ot Applicable	
Zip	Zip Country		Zip Coun		try	5. Ce		Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address	gistered Agent			7. 1	Name and A	ddress of New	Registere	d Agent			
ARMSTRONG, LANCE ESQ.					Name Street Address	nn (9 () E	Pay Number	is Not Accepta	hia)			
1035 N.W. 11TH AVENUE Miami FL 33136			Sireel Addres			SS (F,O, E	SOX Number	is Not Accepta		· · · · · · · · · · · · · · · · · · ·		
MILANI I E GOTGO				City					■ Zìp Coo	10		
	. <u></u>				Oily_				F	L Zip Good		
8. The above	named entity submits this s	statement for th	e purpose of changing its	register	ed office or regis	stered ag	jent, or both,	in the State of	Florida,			
SIGNATURE .	Signature, typed or printed name of n	egistered agent and	title if applicable. (NOT	E: Registere	d Agent signature requ	uired when re	einstating)		DATE			
9 This corner	oration is eligible to satisfy it	s Intangible	FILE NOW	II FFF	IS \$150.00		1					
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta					ion Campaign I Fund Contribu			00 May Be d to Fees	
11.		CERS AND DI	RECTORS	12.		AC	DITIONS/C	HANGES TO O	FFICERS AI	ND DIRECTOR	S IN 11 ·	
TITLE	D CHRANK GENDY		☐ Delete	TITLE						☐ Change	Addition	
NAME KOURANY, HENRY STREET ADDRESS 3936 ADRA AVENUE					ET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33178			CITY	-ST-ZIP							
TITLE	D		☐ Delete	TITLE						☐ Change	Addition	
NAME	QUIJANO, PRIMITIVO			NAM	l l							
STREET ADDRESS CITY-ST-ZIP	540 SW 57TH AVENUI MIAMI FL 33144	E API. 3			ET ADDRESS -ST-ZIP							
TITLE	, , , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE				<del></del>	<del></del>	Change	Addition	
NAME				NAM	1							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						,	
TITLE	<u></u>		□ Delete	TITLE			·- <u>-</u>	<del></del> ,		☐ Change	Addition	
NAME				NAM	I .							
STREET ADDRESS					ET ADDRESS						1	
CITY-ST-ZIP					-ST-ZIP							
TITLE NAME			☐ Delete	TITLI						☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						ł	
CITY-ST-ZIP				CITY	-ST-ZIP					<u></u>		
TITLE		·	☐ Delete	TITU	I .					☐ Change	☐ Addition	
NAME		,		NAM	1						1	
STREET ADDRESS CITY-ST-ZIP				1	ET ADORESS -ST-ZIP							
	partify that the information s	innlied with thi	e filing does not qualify to			Sention	110 07/3/0	Florida Statuto	e I further o	artifu that the i	nformation	

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

HENRY KOURANY

3/1/01

(305)265-775

Daytime Phone #

R2E034 (10/00