

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019780

1. Entity Name

FINTEC INC.

Principal Place of Business

4901 N.W. 17TH WAY
#501
FORT LAUDERDALE FL 33309
US

Mailing Address

4901 N.W. 17TH WAY
#501
FORT LAUDERDALE FL 33309
US

2. Principal Place of Business

4901 NW 17th WAY
Suite, Apt. #, etc. 503
City & State FT. LAUD., FL

3. Mailing Address

4901 NW 17th WAY
Suite, Apt. #, etc. 503
City & State FT. LAUD., FL

City & State

City & State

Zip

Country

Zip

Country

33309

33309

6. Name and Address of Current Registered Agent

SANCHEZ, ALBERTO EA
4901 NW 17 WAY
SUITE 301
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

ALBERTO SANCHEZ

3/13/01

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, 2001 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 SANCHEZ, ALBERTO S
STREET ADDRESS 4901 NW 17 WAY SUITE 501
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☒ Delete
NAME GONZALES, ALEJANDRO
STREET ADDRESS 4901 NW 17 WAY SUITE 501
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V ☐ Delete
NAME SANCHEZ, ANA
STREET ADDRESS 4901 N.W. 17TH WAY, STE 501
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE V ☐ Delete
NAME DIRESA, RUSSELL
STREET ADDRESS 4901 NW 17TH WAY #501
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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)(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

ALBERTO SANCHEZ

Date

Daytime Phone #

00039821



DO NOT WRITE IN THIS SPACE

0249321

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90285 030 ***150.00