

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000023999**

1. Entity Name

ADVAK TECHNOLOGIES, INC.

Principal Place of Business

**7545 WEST SECOND CT
HIALEAH FL 33014
US**

Mailing Address

**P O BOX 171034
HIALEAH FL 33017
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DEL RIO, JUAN C
22917 SANDALFOOT BLVD.
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Fernando Concha**Street Address (P.O. Box Number is Not Acceptable)
7545 West 2nd CourtCity **Hialeah****FL**Zip Code
33014

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

Fernando Concha

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, 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 **D** ☒ Delete
NAME **DEL RIO, JUAN C**
STREET ADDRESS **22917 SANDALFOOT BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE **D** ☐ Delete
NAME **CONCHA, CLAUDETTE N**
STREET ADDRESS **7545 W SECOND CT**
CITY-ST-ZIP **HIALEAH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CONCHA, FERNANDO**
STREET ADDRESS **7545 West 2nd Court**
CITY-ST-ZIP **Hialeah, FL 33014**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Claudette N. Concha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 (305) 5565156**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90068 013 ***150.00

C0043638

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0483393**

Applied For

Not Applicable

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

CR2E034 (10/00)

0489548