

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054755

1. Entity Name

UNITED TURBINE TECHNOLOGIES, INC.

Principal Place of Business

4790 NW 157 STREET
MIAMI FL 33014

Mailing Address

4790 NW 157 STREET
MIAMI FL 33014-6421

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEPLER, RICHARD M
2997 DAY AVE
MIAMI FL 33133

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **HASSENFRATZ, WALLY**
STREET ADDRESS **4970 NW 157 ST**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BRITT, LARRY**
STREET ADDRESS **4790 NW 157 ST**
CITY-ST-ZIP **MIAMI FL 33014**

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

TITLE **S** ☐ Delete
NAME **SEPLER, RICHARD**
STREET ADDRESS **2997 DAY AVE**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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

Date

Daytime Phone #

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90026 008 ***150.00

00024035



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0505749** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)

(305) 625-4900