

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91216 047 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000059139**

1. Entity Name
HI-TECH Environmental Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1341 Sunset Dr. #204 Suite, Apt. #, etc. #204 City & State Coral Gables, FL Zip 33143 Country USA		3. Mailing Address 1341 Sunset Dr. #204 Suite, Apt. #, etc. #204 City & State Coral Gables, FL Zip 33143 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0519547	Applied For ☐ Not Applicable ☒
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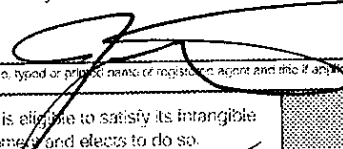
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOAN P. SERPP
Street Address (P.O. Box Number is Not Acceptable) 1341 Sunset Drive
City Coral Gables FL Zip Code 33143

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  DATE **4/29/02**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	President JOAN P. SERPP 1341 Sunset Dr. #204 Coral Gables, FL 33143	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 665-0883

CR2E034B (12/01)