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	3. Mailing Address
1541 Sunset Dr. #204	1541 Sunset Dr. #204
Suite, Apt. #, etc.: #204	Suite, Apt. #, etc.: #204
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33143 Country: USA	Zip: 33143 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0519547 ☐ Applied For ☐ Not Applicable

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. SEIPP

Street Address (P.O. Box Number is Not Acceptable): 1541 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: _____ 4/29/02
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 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-ST-ZIP	President JOAN P. SEIPP 1541 SUNSET DR #204 Coral Gables FL 33143
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CR2E034B (12/01)

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: _____ 4/29/02 (305) 665-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #