

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059569

1. Entity Name

PUBL-TECH INC.

Principal Place of Business

8515 N.W. 29TH STREET
MIAMI FL 33122

Mailing Address

8515 N.W. 29TH STREET
MIAMI FL 33122

2. Principal Place of Business

1601 N.W. 84 AVE

3. Mailing Address

1601 N.W. 84 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MIAMI, FL

City & State MIAMI, FL

Zip 33126

Country U.S.

Zip 33126

Country U.S.

6. Name and Address of Current Registered Agent

ALFONSO, JORGE
8515 N.W. 29TH STREET
MIAMI FL 33122

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)

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
NAME ALFONSO, JORGE ☐ Delete
STREET ADDRESS 8515 N.W. 29TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☐ Change ☐ Addition
NAME ALFONSO, JORGE E
STREET ADDRESS 1601 N.W. 84 AVE
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Change ☐ Addition
NAME VPE
STREET ADDRESS ALFONSO, JORGE L
CITY-ST-ZIP 1601 N.W. 84 AVE
MIAMI, FL 33126

TITLE ☐ Change ☐ Addition
NAME VP OPERATIONS
STREET ADDRESS ANGEL, LILIANA
CITY-ST-ZIP 1601 N.W. 84 AVE
MIAMI, FL 33126

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

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
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90320 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)