2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067512

1. Entity Name

AMATEK SYSTEMS CORP.

Principal Place of Business	Mailing Address
17981 SOUTHWEST 210TH TERRACE MIAMI FL 33187	17981 SOUTHWEST 210TH TERRACE MIAMI FL 33187-4211

0278838

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0519611** — Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMADOR, RUBEN J.
17981 S.W. 210TH TERRACE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name *SPIEGEL & UTRERA, P.A.*

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVE.

City *CORAL GABLES* FL Zip Code *33114*

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice-President (NOTE: Registered Agent signature required when reinstating)

3/24/00 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	PT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	AMADOR, RUBEN J		NAME			
STREET ADDRESS	17981 SOUTHWEST 210TH TERRACE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE	VS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	AMADOR, JUDY L.		NAME	4000032036044		
STREET ADDRESS	17981 S.W. 210TH TERRACE		STREET ADDRESS	-04/11/00--01081--008		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	****150.00 ****150.00		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	TS		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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: Ruben J. Amador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 Date 305-254-0639 Daytime Phone #