

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 044 ***150.00

DOCUMENT # P94000069353
1. Entity Name
 LINTECH SYSTEMS, INC. ✓

Principal Place of Business **Mailing Address**
 12082 N.W. 44TH STREET 12082 N.W. 44TH STREET
 SUNRISE, FL 33323 SUNRISE, FL 33323

2. Principal Place of Business **3. Mailing Address**
 12082 NW 44 ST 12082 NW 44 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 SUNRISE, FLORIDA SUNRISE, FLORIDA
Zip **Country** **Zip** **Country**
 33323 USA 33323 USA

4. FEI Number **Applied For**
 65-0562168 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

552907

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 PITTER, CARL S
 7447 NORTH WEST 57TH STREET
 TAMARAC, FL 33319

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 Leah Stiller DATE 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LINTON, MICHAEL	
STREET ADDRESS	12082 NW 44 ST	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTON, GEORGE T	
STREET ADDRESS	3551 NW 91ST LANE	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Linton **DIRECTOR** 4-28-01 (954) 746-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)