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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2001 8:00 am DOCUMENT # P94000070658 **Secretary of State** JUVITEC, INC. 03-15-2001 90007 036 \*\*\*150.00 Principal Place of Business Mailing Address 15181 S.W. 113 ST. 15181 S.W. 113 ST. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0528133 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUENGO, CARMEN T Street Address (P.O. Box Number is Not Acceptable) 15181 S.W. 113 ST. **MIAMI FL 33196** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Delete Change ☐ Addition TITLE LUENGO, CARMEN T NAME 15181 S.W. 113 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LUENGO, VICTOR NAME NAME STREET ADDRESS 15181 S.W. 113 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2001 (305)388