FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

officer or director of the corporation of Block 12 or Brock 13 if changed Jury

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000000806 (6)

UETECH, INC.

Principal	Place	o!	Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



2699 NE 15 ST POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 18916 NW 40 ST Sulte, Apt #, etc. 26 10916 NW 40 ST Suite, Apt. #, etc. 35-0544891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SINDICICH, NICHOLAS III 2699 NE 15 ST 82 POMPANO BEACH FL 33062 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corroffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporal agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE SINDICICH, NICHOLAS III 1.2 NAME NAME 2699 NE 15 ST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DEI ETE Change TITLE 2.1 THLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Addition DELETE TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$1-2IP CHTY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplicated under oath; that I am an officer or director of the corporation or the receptor or pusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in