FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Aug 29, 2003 8:00 am Secretary of State DOCUMENT # P95000021114 08-29-2003 90094 016 \*\*\*550.00 1. Entity Name BTEQ CORP. Principal Place of Business Mailing Address 11200 N.W. 25TH STREET 11200 N.W. 25TH STREET STE. 123 STE, 123 MIAMI FL 33172 MIAMI FL 33172 ŲŜ US 2. Principal Place of Business 3. Mailing Address 1619 NW 84 Avenue\_ 1614 NW 84 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0568701 miami miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6.-Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent-Name CARLSON, DAVID L Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36 STREET #100 MIAMI FL 33166 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition ELLIS, MILED NAME NAME 11200 N.W. 25TH STREET, #123 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MERINO, BRUNO NAME NAME 11200 N.W. 25TH STREET, #123 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ELLIS. EUNICE NAME 11200 N.W. 25TH STREET, #123 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a state like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP