

Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021114

1. Entity Name
BTEQ CORP.



FILED
03 DEC 11 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1619 NW 84 AVENUE
MIAMI, FL 33126 US**

Mailing Address
**1619 NW 84 AVENUE
MIAMI, FL 33126 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0568701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, DAVID L
8180 NW 36 STREET #100
MIAMI, FL 33166**

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ELLIS, MILED
11200 N.W. 25TH STREET, #123
MIAMI, FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDT
1619 NW 84 Avenue
Miami, FL 33126**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
MERINO, BRUNO
11200 N.W. 25TH STREET, #123
MIAMI, FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1619 NW 84 Avenue
Miami, FL 33126**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
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MIAMI, FL 33172**

☒ Delete

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☐ Change ☐ Addition

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**40002542328-1
12/11/03--01048--003 **61.25**

☐ Change ☐ Addition

TITLE
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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 all other like empowered.

SIGNATURE: *x Bruno Merino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruno Merino

12/8/03 305/593-1744

Date

Daytime Phone #

CR2E034 (10/02)