

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90164 028 ***158.75

DOCUMENT # P95000043606

1. Entity Name

ALLTECH EXPO BUSINESS CORP.

Principal Place of Business

Mailing Address

~~5725 NW 191ST STREET~~

8201 NW 66TH STREET

~~MIAMI FL 33014~~

SUITE 4

~~US~~

MIAMI FL 33166

US

053874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7224 NW 56 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0585406

Applied For

Not Applicable

Zip

33166

Country

US

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOES, ANDREA

5725 NW 191ST STREET

MIAMI FL 33014

7. Name and Address of New Registered Agent

Name **GOES, ANDREA**

Street Address (P.O. Box Number is Not Acceptable)

7224 NW 56 Street

City **MIAMI**

FL

Zip **33166**

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)

4/26/2002

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOES, ANDREA	
STREET ADDRESS	% 831 N.E. 206TH ST.	
CITY-ST-ZIP	N MIAMI BEACH F; 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STELLA, AYRTON	
STREET ADDRESS	% 831 N.E. 206TH ST.	
CITY-ST-ZIP	N MIAMI BEACH F; 33179	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOES, A.

4/26/2002 305-597-9511

DATE

Daytime Phone #

CR2E034 (9/01)