

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057747

1. Entity Name

UNIVERSAL TECHNOLOGY INTERNATIONAL CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90069 036 ***150.00

Principal Place of Business

Mailing Address

245 SE 1ST ST
STE 400
MIAMI FL 33131
US

245 SE 1ST ST
STE 400
MIAMI FL 33131-1908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0606740

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

DIAZ, MANUEL J
7345 S.W. 41ST STREET
MIAMI FL 33155

Name

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

10 Edgewater Drive Apt. 6-E

City

Coral Gables

FL

Zip Code
33133

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)

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, 2000 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 ☐ Delete
NAME DIAZ, MANUEL
STREET ADDRESS 2350 N.E. 135TH ST., SUITE 1004
CITY-ST-ZIP MIAMI FL 33181

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10 Edgewater Drive Apt. 6-E
CITY-ST-ZIP Coral Gables, FL 33133

TITLE VS ☐ Delete
NAME DIAMOND, GLENN S
STREET ADDRESS 181 CRANDON BLVD., NO.#106
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VSD
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)