

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015457

1. Entity Name

VERTICAL TECH, INCORPORATED

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90612 037 \*\*\*150.00

Principal Place of Business

Mailing Address

7328 NW 21 ST  
MARGATE FL 33063

7328 NW 21 ST  
MARGATE FL 33063-7948

2. Principal Place of Business

3415 W. OAKLAND PK BLVD

3. Mailing Address

3415 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33311

Country

USA

Zip

33311

Country

4. FEI Number

65-0660455

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

LEWIS, ALVIN SR  
7328 NW 21 ST  
MARGATE FL 33063

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.

SIGNATURE

*Alvin Lewis* / PRESIDENT Alvin Lewis

2/22/00

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 ☐ Delete  
NAME P  
STREET ADDRESS LEWIS, SR A  
CITY-ST-ZIP 7328 NW 21 ST  
MARGATE FL

TITLE ☐ Delete  
NAME PT  
STREET ADDRESS LEWIS, ALVIN SR  
CITY-ST-ZIP 7328 NW 21 ST  
MARGATE FL

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS LEWIS, PAMELA D  
CITY-ST-ZIP 7328 NW 21 ST  
MARGATE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Alvin Lewis* / PRESIDENT Alvin Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (954) 972-1989

Date

Daytime Phone #