

2001 UNIFORM BUSINESS REPORT (UBR)

4/15

FILED
May 23, 2001 8:00 am
Secretary of State

04-19-2001 90305 025 ***150.00

DOCUMENT # P96000026435

1. Entity Name

MIAMI COMPUTER TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6224 Coral Way

3. Mailing Address

6224 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0654748

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

**ONTEGA, JOSE M.
 8065 NW 54TH ST
 MIAMI FL 33166**

Name

JUAN R. LORENZO

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

2721 S.W. 110th AVE.

City **Miami**

FL

Zip Code

33165

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, type or print name of registered agent and date (if applicable)

(NOTE: Registered Agent's 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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ONTEGA, JOSE M.	
STREET ADDRESS	2405 SW 112TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YONG, JR. C	
STREET ADDRESS	432 NW 24TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LORENZO, JUAN	
STREET ADDRESS	2715 SW 110TH AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PIT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN R. LORENZO	
STREET ADDRESS	2721 S.W. 110th AVE	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARA M. LORENZO	
STREET ADDRESS	2721 S.W. 110th AVE.	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2001

Daytime Phone #

CR2E034 (10/00)