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PROFIT CORPORATION' ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038890

ULTRATECH AUTOMOBILE, INC.

| · · · · · · · · · · · · · · · · · · · | |
|---------------------------------------|------------------------|
| Principal Place of Business | Mailing Address |
| 4149 N. DIXIE HWY | 10286 BOCA SPRINGS DR. |
| POMPANO BEACH FL 33064 | BOCA RATON FL 33428 |
| US | US |

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90031 031 ***150.00



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|-----------------|---|---------------------------------------|--------------------|---------|---|--|----------------|-------------------|
| Principal Place | e of Business | Mailing Address | | | | | | |
| 4149 N. DIXIE | | 10286 BOCA SPRINGS DR | } . | | | | | |
| POMPANO BEA | ICH FL 33064 | BOCA RATON FL 33428 | | | | DO NOT WRITE IN THI | S SPACE | |
| US | | US | | | | 3. Date Incorporated or Qualifed | | |
| | , | • | | | | 05/01/1996 | | |
| e District D | tops of Business | 2a. Mailing Address | | | - | 4. FEI Number | - Ι Δ | pplied For |
| | lace of Business | | | | | | <u> </u> | ot Applicable |
| 21 | 44 - 4 - | Suite, Apt. #, etc. | | | | 65-0674362 | | Additional |
| Suite, Apt. | #, etc. | <u> </u> | | | | 5. Certifcate of Status Desired | | Required |
| 22 | V. 1 | City & State | | | | | | <u> </u> |
| | | | | , | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| 23 28 79 | | | Cour | Country | | · | | torees |
| Zip | Country | · - - | | ıı y | | 8. This corporation owes the current year Intangible Personal Property Tax. | | ₹INo |
| 24[| 25 | 29] | 30 | | | Personal Property Tax. 10. Name and Address of New Registered | | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Name and Address of New Registered | Agent | |
| VED | | أندنها أوهأ توكالم | Į | ا" | Name | | | |
| | RELLI, PIERINO | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| | 36 BOCA SPRINGS DR. | | 1 | | | | 7 | et assesse state |
| BOC | CA RATON FL 33428 | . · | | 83 | | | | |
| | | | } | 84 | City | \$ \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 85 Zip | Code |
| .145 1. 200.27 | | | | | | F | <u> </u> | . supra |
| office of t | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida, Such change was a | autnorizea | DV I | ine corporation | ration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the control of the cont | ointment as re | egistered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOT) | F: Registered | Agent | signature required | when reinstating) 77 (364) DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECT | ORS IN 12 |
| TITLE | DPST | DELETE | 1.1 TIT | Œ | | \$3.5574000. | Change | |
| NAME | VERRELLI, PIERINO | | 1.2 NA | ME | . | | | |
| | 10286 BOCA SPRINGS DR. | | 1 | | ADDRESS | | , | |
| STREET ADDRESS | I • | | 1 | | | | . 4 | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | ☐ DELETE | 1.4 CIT 2.1 TIT | | -219 | <u> </u> | ☐ Change | Addition |
| TITLE | DV | . Deceie | L | | | | | |
| NAME | VERRELLI, GIACOMO | • | 2.2 NA | | | • | | |
| STREET ADDRESS | 22488 OVERTURE CIR. | | | | ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | <u> </u> | 2. 4 CI | | r-zip | | Change | Addition |
| TITLE 1-275 | NATE OF THE TEXTS OF | Same Same Delete | 3.1 TIT | LE | | • | ☐ Change | L Auditon |
| NAME : | Market Control of the | | 3.2 NA | ME | | Senda Street | | |
| STREET ADDRESS | 10 1900 C 1900 R 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 3.3 ST | REET | ADDRESS | 1-45/10/90 (HE) 12-45/10 \$1/10 78/11 \$1/41 \$4 | 成数点表式描述 | 35 and 522 850 |
| CITY-ST-ZIP | SECTION OF THE SECTION | | 3.4. CI | TY-S1 | r-ZIP | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| TITLE | | ☐ DELETE | 4.1 TIT | Œ | | 1. 作以的股份多层程则企業的關聯物質器 | : ;] Change | Addition |
| NAME . | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | 1500 Notes to 150 | | 4.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | [5.15 + - 2 2 | * 12 | 4.4 CIT | Y-ST | - ZIP | | | |
| TITLE | | ☐ DELETÉ | 5.1 TIT | | | | Change | . 🔲 Addition |
| NAME | | | 5.2 NA | | | The state of the s | | , |
| STREET ADDRESS | · | and the second | 5.3 ST | REET | ADORESS | | | * |
| | 0287 | | | | -ZIP | | _= | |
| CITY-ST-ZIP. | STATE COLLEGE TO COLLEGE WIT | ☐ DELETE | 6.1 TIT | | | | Change | Addition |
| | \$6080 APE / 5878,29 57 | | 6.2 NA | | 1 | | | —, , |
| NAME | | e e e e e e e e e e e e e e e e e e e | | | ADDRESS | | ٠. | ' • |
| STREET ADDRESS | 1 A. M. C. | | 6.3 ST | KEE | ALUKESS | , | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.