

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050809

1. Entity Name

DOMUS TECTUS, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90098 020 ***150.00

Principal Place of Business

Mailing Address

19 SALAMANCA AVENUE
SUITE 3
CORAL GABLES FL 33134
US

19 SALAMANCA AVENUE
SUITE 3
CORAL GABLES FL 33134-4127
US

2. Principal Place of Business

3. Mailing Address

300 ARAGON AVE

300 ARAGON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 212

STE. 212

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MROZ, TOMASZ G
19 SALAMANCA AVENUE, STE 2
STE. 303
CORAL GABLES FL 33134

NEW ADDRESS →

Name MROZ, TOMASZ G.

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

300 MADEIRA AVE.

APT. 401

City

CORAL GABLES FL

Zip Code

33134

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

TOMASZ G. MROZ, PRESIDENT 3-16-2000

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 PTSD
NAME MROZ, TOMASZ G ☐ Delete
STREET ADDRESS 19 SALAMANCA AVENUE, STE 3
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P.T.
NAME MROZ, TOMASZ G. ☒ Change ☐ Addition
STREET ADDRESS 300 MADEIRA AVE, APT 401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE V.S.
NAME JUAN PEDRO ALVAREZ ☐ Change ☒ Addition
STREET ADDRESS 7020 MINDELLO STREET
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

TOMASZ G. MROZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2000 305.984
Date Daytime Phone #