2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **P96000063362** HI-TEK DIGITAL CORPORATION 01-31-2000 90011 010 ***150.00 Principal Place of Business Mailing Address 6241 SW 138 COURT 6241 SW 138 COURT UUU14431 **MIAMI FL 33183** MIAMI FL 33183-2096 2. Principal Place of Business 3. Mailing Address D637 N. KENDALL DR. 47H AS # 2 SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0691765 Not Applicabia MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LOG 3 7 N KENDALL DR # 7-H OROZCO: JORGE A 6241 SW 138 COURT #C **MIAMI FL 33183** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Delete ☐ Change TITLE OROZCO, JORGE A NAME 6241 SW 138 COURT, #C STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE ROMERO, REINALDO J NAME NAME 6241 SW 138 COURT, #C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 faport 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.