2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 01, 2000 8:00 am Secretary of State DOCUMENT # P96000079301 1. Entity Name STEALTH TECHNOLOGIES GROUP, INC. 09-01-2000 90061 032 ***150.00 Principal Place of Business Mailing Address 370 NORTHWEST 106 TERRACE 370 NORTHWEST 106 TERRACE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 D0083064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number **NOT APPLICABLE** Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent :Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE CR2E034 (5/00) ☐ Delete ☐ Change Addition PUTRINO, ROBERT P NAME NAME STREET ADDRESS 370 NORTHWEST 106 TERRACE STREET ADDRESS CiTY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME PUTRINO, MARY ANN NAME 370 NORTHWEST 106 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition

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 pushing 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.

TRINO

NAME

STREET ADDRESS

City-st-zip

SIGNATURE:

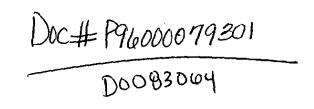
NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

8/30/w 954441 0666 Detin Destruction Phone #



Divisions of Corporations Uniform Business Report Filings Box 1500 Tallahassee, Fl. 32302-1500

To whom it may concern,

Enclosed you will find my check for \$150.00 as a renewal fee. I had contacted your office when I received an overdue renewal notice. I stated I never received the original notice form. The person I spoke with confirmed that my form had been returned to your office. As you will note, my address is the same and has been for the last several years. The person then stated I should return this form, enclose the normal renewal fee and would document my file.

If there is any additional information you may require, please advise.

Thanking you in advance,

Robert T. Putrino

ě.

人名马斯特 网络大块大块 化二氯酚乙烯 化二氯乙烷

Carlos and partial are than

.

7.72
