

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079301

1. Entity Name

STEALTH TECHNOLOGIES GROUP, INC.

f

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90061 032 ***150.00

Principal Place of Business
370 NORTHWEST 106 TERRACE
PEMBROKE PINES FL 33026

Mailing Address
370 NORTHWEST 106 TERRACE
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	PUTRINO, ROBERT P	370 NORTHWEST 106 TERRACE	PEMBROKE PINES FL 33026				
	STD						
	PUTRINO, MARY ANN	370 NORTHWEST 106 TERRACE	PEMBROKE PINES FL 33026				

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PUTRINO

8/30/00 9544410666
Date Daytime Phone #

CR2E034 (5/00)

Doc# P96000079301

D0083004

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