

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102304

1. Entity Name

BUSINESS TECHNOLOGY COMMUNICATIONS, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90025 050 ***150.00

Principal Place of Business

444 BRICKELL AVENUE
SUITE 250
MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE
SUITE 250
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

601 BRICKELL KEY DR.

Suite, Apt. #, etc.

705

City & State

MIAMI FL

Zip

33131

Country

FL

City

MIAMI

State

FL

Zip

33131

Country

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33131



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0787889

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

DOMINGUEZ, RICARDO O
444 BRICKELL AVENUE
SUITE 250
MIAMI FL 33131

Name

DE LA PENA & BAJANDAS, LLC

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

601 BRICKELL KEY DR. STE 705

City

MIAMI

FL

Zip

33131

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.

RICARDO BAJANDAS
PARTNER

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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 \$150.00
After MAY 1, 2001 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 S
NAME DE LA PENA, LEONCIO E
STREET ADDRESS 601 BRICKELL KEY DRIVE, STE 705
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leoncio E. De La Peña 4/27/01 (305) 877-0909

Date

Daytime Phone #

CR2E034 (10/00)