2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000009008** May 04, 2000 8:00 am Secretary of State 1. Entity Name WAYTEC, INC. 05-04-2000 90025 046 ***158.75 Mailing Address Principal Place of Business 1140 E. OCEAN BLVD: #324 22100 SW 194TH AVE LONG BEACH EL 90211-3577 **MIAMI FL 33170** Address DOMEN' 2. Principal Place of Business DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRASILEIRO, GUSTAVO M Street Address (P.O. Box Number is Not Acceptable) 22100 SW 194TH AVE **MIAMI FL 33170** 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/C ☐ Change ☐ Addition TITLE ☐ Delete TITLE CIPRIANI, EMIDIO NAME NAME R. OSCAR BRESSANG 567 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN PAULO; SP-BRAZIL ☐ Addition Change ■ ☐ Delete TITLE TITLE BRASILEIRO, GUSTAVO M NAME NAME STREET ADDRESS STREET ADDRESS 22100 SW, 194TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33170 Change ☐ Addition ☐ Delete TITLE RODRIGUES, CARLOSA G NAME NAME STREET ADDRESS STREET ADDRESS ROD. ILHEUS-URUCUCA-KM 4 CITY-ST-ZIP CITY-ST-ZIP ILHEUS, BA-BRAZIL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

men with an address, with all other like empowered.

SIGNATURES

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