2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000015835

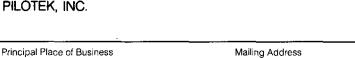
1957 NORTHWEST 182 AVENUE

PEMBROKE PINES FL 33029

1. Entity Name PILOTEK, INC.

1957 NORTHWEST 182 AVENUE

PEMBROKE PINES FL 33029





FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90227 003 ***150.00



2. Principal F	Place of Busin	ess	3. Mailing Address				- I IODIKOO! IIO IOIII IOOII EDIII OOKI OOIII AURIK OOIII KABA ERAA RAAD OIII IOOI			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	le		City & State			4. F	4. FEI Number 65-0727933 Applied For Not Applicable			
Zip		Country	Zip	Zip - Coun				\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registered Agent			7. N	ame and Address of New Reg	istered	Agent	
PAZ, SONIA					Name					
				Street Addres		ress (P.O. Bo	ess (P.O. Box Number is Not Acceptable)			
1957 NW 182 AVE PEMBROKE PINES FL 33029										·
PEMBRU	KE PINES FI	L 33029								
								F	Zip Cod	e
	named entity tions of regist		the purpose of changing	its register	ed office or re	gistered age	nt, or both, in the State of Florid	da. Lan	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE: Registere	d Agent signature r	required when rein	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Finar Trust Fund Contribution.	_		00 May Be d to Fees
10.	,	OFFICERS AND I	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	S IN 11
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TITLE	l		☐ Delete	TITLE	÷				Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP